Medical informed consent form about vaccination(s)

	Tetanus / Diphteria		Measles / Mumps / German Measles
	Tetanus / Diphteria / Whooping Cough		Pneumonia
	Tetanus / Diphteria / Whooping Cough / Polio		Flu
	TBE		Shingles
	COVID		

Dear Madam, dear Sir,

we are glad about your decision to take an active part in the protection of your own and other people's health by getting vaccinated. Vaccination is the most effective method of preventing infectious diseases. Even modern treatment methods cannot always prevent severe courses and nonsequences of diseases such as tetanus, diphteria, measles, flu and others in nonvaccinated persons.
Before performing any vaccination we need your informed consent. We are legally obliged to previously inform you about very rare but thinkable side effects and possible risks of any vaccination and therefore ask you to carefully read and sign this form.

The safety and side effects of multiple vaccines have been and are regularly tested in order to uphold the viability of vaccines as a barrier against disease. All approved vaccines are safe but may cause mild local reactions. While all vaccines have the potential to cause side effects in some people, the reality is that most tend to be mild and do not last longer if at all than a few days. Most people do not get any side effects at all. Not all illnesses that occur after vaccination will be a side effect. To have a balanced view, potential side effects have to be weighed against the expected benefits of vaccination in preventing the serious complications of disease. Common side effects of any vaccine can include:

- injection site reactions (pain, swelling and redness, local rash, itching)
- mild fever, shivering
- fatigue, headache
- muscle and joint pain

As in every medical procedure, a far less common but thinkable side effect is an immediate allergic reaction. This is a very rare condition – occurring in less than 1 in a million cases – and is completely reversible if treated promptly by healthcare staff. The vaccine is given by an injection in the upper arm muscle. As with all intramuscular injections, this may theoretically result in an injury to nerves and blood vessels and contamination of the puncture channel with bacteria or viruses. Here, too, the risk of such a complication is much lower than that of the disease prevented thereby. To improve your safety and to further minimize the risk of complications, it is necessary to have you examined before each vaccination and to stay in the practice for 15 minutes after the vaccination. After the vaccination there should be no exercise or other exceptionally strenuous activity for 24 hours.

I have read and understood the above information and am well informed. I agree with the implementation of the vaccination marked above

Date: _____ Personal signature (or legal custodian): _____