MINISTÈRE
DES SOLIDARITÉS
ET DE LA SANTÉ

Liberté
Égalité
Fraternité

Vaccin COVID-19
TOUS VACCINÉS, TOUS PROTÉGÉS

COVID-19 VACCINATION QUESTIONNAIRE

Last name: _____

First name:_____

Date of birth: _____

Social security number: _____

Have you had a positive test (PCR or antigen) within the last two months?	☐ Yes ☐ No
Have you received monoclonal antibody treatment for COVID-19 in the last two months?	☐ Yes ☐ No
Do you have a fever today?	☐ Yes ☐ No
Do you have any history of allergies to any substances?	☐ Yes ☐ No
Have you recently suffered from myocarditis or pericarditis?	☐ Yes ☐ No
Are you currently taking anticoagulants? Do you have a low platelet count? Have you suffered from capillary leak syndrome?	☐ Yes ☐ No
For children under the age of 12, have you suffered from Paediatric Inflammatory Multisystem Syndrome (PIMS) after having had COVID-19?	☐ Yes ☐ No
For those who have already received a dose of the COVID-19 vaccine, did you suffer from any severe adverse effects after the first injection?	☐ Yes ☐ No

VACCINATION ANTI-COVID

The identity-related data gathered via this questionnaire will be included in the "SI Vaccin Covid" processing of personal data that is implemented in a joint action by the French Ministry of Health (Ministère de la Santé) and the French National Health Insurance Fund (Caisse nationale d'assurance maladie). This will be done only for the purposes of organising, monitoring and directing the COVID-19 vaccination campaigns. For more information on this processing, the details of the controller, the recipients or groups of recipients, storage periods and the option of lodging an appeal with the French Data Protection Authority (CNIL), please consult the full GDPR notes on the ameli.fr website or scan the QR code. This paper questionnaire can be stored for a maximum duration of three months following the date of your appointment.

SPILF Société de Pathologie Infectieuse de Langue Française

Space reserved for the prescriber

Date: ____/____/____

Prescriber's signature:

Version dated 14/12/21

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Vaccin COVID-19
TOUS VACCINÉS, TOUS PROTÉGÉS

COVID-19 VACCINATION BOOSTER DOSE QUESTIONNAIRE

Last name: _____

First name:_____

Date of birth: _____

Social security number: _____

How many doses of the COVID-19 vaccine have you already received?	_____
When did you receive your last injection?	_____
Have you been infected with COVID-19 since you were vaccinated?	☐ Yes ☐ No
If yes, how long after your injection?	_____
Did you suffer from any severe adverse effects after your first vaccination?	☐ Yes ☐ No

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VACCINATION ANTI-COVID

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