

Declaration of Consent for preventive vaccination against COVID-19 (Coronavirus Disease 2019) – with mRNA vaccine

Name of the person to be vaccinated (surname, first name):

Date of birth:

Address:

If the person to be vaccinated is not competent to provide consent, consent to vaccination or refusal of vaccination will be given by the legal representative. In such a case, please also provide the name and contact details of the legal representative:

Surname, first name:

Telephone no.:

E-mail:

I have taken note of the contents of the information sheet and had the opportunity to have a detailed discussion with my practitioner administering the vaccine.

- I have no further questions.
- I consent to the recommended vaccine against COVID-19 with mRNA vaccine.
- I refuse the vaccine.
- I expressly renounce the medical clarification discussion.

Annotations:

Place, date:

Signature of the person to receive the vaccine
or if the person to be vaccinated is not competent
to provide consent:
Signature of the legal representative (custodian,

Signature of the practitioner