SKOLHÄLSAN

IMMUNIZATION CONSENT FORM

for the combined vaccine against diphteria, tetanus and pertussis

Name:_____ **Social security number:**_____

School:_____ **Class:**_____

☐ YES, I give my consent for my child to be vaccinated.

☐ NO, I do ***not*** give my consent for my child to be vaccinated.

	YES	**NO**
-Has the child been given any vaccine during the last 4 weeks? If yes, what vaccine and when?:_____	☐	☐
-Is the child severely allergic to anything? If yes, to what?:_____	☐	☐
-Has the child ever had a severe allergic reaction to a vaccine? If yes, what symptoms did the child get?:_____	☐	☐
-Does the child have a chronic disease? If yes, which one?:_____	☐	☐

This form is to be signed by both guardians <u>if the custody is not joint!</u>

_____	_____	_____	_____
Signature guardian 1	Clarification of signature	Cellphone number	Date
_____	_____	_____	_____
Signature guardian 2	Clarification of signature	Cellphone number	Date

Address	**Phone number**	**Fax**	**E-mail**
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