



COVID-19 VACCINATION QUESTIONNAIRE – PAEDIATRIC VACCINATION

Last name: _____

First name: _____

Date of birth: _____

Social security number: _____

Has your child had a positive test (PCR or antigen)? If yes, when? Yes No

Has your child had a fever today? Yes No

Does your child have a history of allergies to any substances? Yes No

Has your child ever had myocarditis or pericarditis? Yes No

Has your child received monoclonal antibody treatment for COVID-19 in the last two months? Yes No

Is your child taking anticoagulants? Does your child have a low platelet count? Yes No

Has your child ever suffered from Paediatric Inflammatory Multisystem Syndrome (PIMS) after having had COVID-19? Yes No

If your child has already received a dose of the COVID-19 vaccine, did they present with 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.



Space reserved for the
prescriber – Administration
of Comirnaty® paediatric
injection

Date: ____/____/____

Prescriber's signature: