



Patient's first and last name:

PESEL number or series and passport number:.....

Questionnaire initial screening before vaccinating an adult against COVID-19

The questionnaire should be completed before visiting a doctor. Answering the following questions will help your doctor decide if you can be immunised against COVID-19 today. Your answers will be used by your doctor when qualifying for vaccination. The doctor may ask additional questions. In case of uncertainty, ask the healthcare professional performing the vaccination for clarification.

No.	Introductory Questions	Yes	No
1.	Have you had a positive genetic or antigen test for SARS-CoV-2 in the last 4 weeks?		
2.	In the last 14 days, have you had any close contact or live with a person who tested positive for the SARS-CoV-2 genetic or antigen test or live with a person who had symptoms of COVID during this period? -19 (listed in questions 3-5)?		
3.	In the last 14 days, have you had an elevated body temperature or a fever?		
4.	In the last 14 days, have you had a new, persistent cough or an increase in chronic cough due to a diagnosis of would it be chronic?		
5.	In the last 14 days, have you experienced a loss of sense of smell or taste?		
6.	Have you returned from abroad in the last 14 days (red zone)?		
7.	Have you received any vaccine in the last 14 days?		
8.	Do you have a cold or diarrhea or vomiting today?		

If the answer to any of the questions above is positive, vaccination against COVID-19 should be postponed. You should come to the vaccination when all answers to the above-mentioned questions will be negative. If in doubt, please contact the doctor performing the vaccinations.