



MINISTERO  
DELL'INTERNO

## PRE-VACCINATION MEDICAL HISTORY CARD

Date of vaccination \_\_\_\_\_

I, the undersigned (surname and name) \_\_\_\_\_

born \_\_\_\_\_ on \_\_\_\_\_

intend to subject my son/daughter (surname and name) / the person under my guardianship (surname and name)

born in \_\_\_\_\_ on \_\_\_\_\_

to the **following vaccinations or vaccination course:**

☐ Declare

☐ Declare that my son/daughter

☐ Declare that the person under my guardianship

1. suffers from current febrile or infectious diseases

Yes No

2. suffers from neurological diseases (e.g. history of convulsions, epilepsy or neurological disorders) if yes, specify:

Yes No

3. has in the past suffered from previous neurological diseases consequential on vaccinations (Guillan-Barré syndrome, brachial neuritis) if yes, specify which reaction to which vaccine:

Yes No

4. suffers from immune system diseases (immunodeficiencies, transplants), if yes, specify:

Yes No

5. has received transfusions and/or administration of immunoglobulins in the last 11 months

Yes No

6. is allergic to drugs, chemical substances, egg proteins, animal gelatin  
if yes, specify which and what type of reaction:

Yes No

7. had previous allergic reactions to the administration of vaccines  
if yes, specify which reaction to which vaccine

Yes No

8. previously suffered from thrombocytopenia (decrease in platelets) consequential on vaccinations  
if yes, specify which vaccine

Yes No

9. is being or was treated in the last year with immunosuppressive medicines: e.g. cortisone, chemotherapy, radiotherapy, biological drugs  
if yes, specify which and when:

Yes No

10. is pregnant (for women of child-bearing age)  
if yes, specify the gestational week:

Yes No

11. suffers from other relevant pathologies  
if yes, specify:

Yes No

12. received vaccinations in the last month, if yes, specify:

Yes No

I declare that I have correctly reported the information on my state of health / on the state of health of my son/daughter / on the state of health of the person under my guardianship.

Legible signature of the interested party/person vested with parental power/guardian