



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-Barrè 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