# Health declaration to be completed prior to oseltamivir treatment/flu vaccination

Surname: ……………………………………………………
Initials: ……………………………………………………
Date of birth: ……………………………………………………
m/f: ……………………………………………………
Citizen Service Number (BSN): ……………………………………………………

Address: ……………………………………………………

Phone number: ……………………………………………………

Email address: ……………………………………………………

Position: ……………………………………………………
Duties/activities: ……………………………………………………
When did you last work on the farm/at the company? ……………………………………………………



Have you had a flu vaccination this flu season?
□ no □ yes vaccination + date: …………………………

Have you ever had any side-effects after a vaccination?
□ no □ yes



Do you have any allergies?
□ no □ yes □ chicken egg white □ medicines: …………………………

Do you have any chronic diseases?
□ no □ yes, if so, list them here: ……………………………………………………

Do you have renal failure/a kidney disease?
□ no □ yes □ any other disorders? ……………………………………………………

Are you under medical supervision or undergoing treatment?
□ no □ yes, reason: ……………………………………………………
Doctor: ……………………………………………………



Do you take any medicines?

□ no □ yes, if so, list them here …………………………………………………………………………………………

 (this includes products not prescribed by a doctor)

Have you taken oseltamivir before?

□ no □ yes date: ………………………………..

Do you still have any oseltamivir tablets in your possession?

□ no □ yes, if so, how many? ………………………………..



*If applicable*

Are you pregnant?
□ no □ yes, if so, how many months? ………. □ don’t know

Are you intending to become pregnant soon?

□ no □ yes

Last menstruation: …………………………

Are you breastfeeding?

□ no □ yes

Do you have any other comments or particulars to add?

□ no □ yes ……………………………………………………

*I declare that I have filled in this form truthfully.*

Date: ……………………. Signature: …………………………………

Initials of GGD employee: ……………………………………………….