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

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