# 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 ……………………………………………….