MEHRINGPLATZ APOTHEKE.BERLIN

MEHRINGPLATZ 12 · 10969 BERLIN
VACCINATION AT THE PHARMACY

MEDICAL HISTORY.

VACCINATION AGAINST COVID-19 & FLU

Version: 10/2026

Please complete this form before your vaccination appointment. If you have printed it out and filled it in by hand, please bring it with you. Please also bring your **vaccination record**. **We only vaccinate people aged 18 and over.** For persons who are unable to give consent themselves, the questions are answered by their legal representative. Vaccines: COVID-19 – variant-adapted mRNA vaccine. Flu – influenza vaccine for the current season.

PERSONAL DETAILS

SURNAME, FIRST NAME _____ DATE OF BIRTH _____

ADDRESS _____

REQUESTED VACCINATION

☐ **COVID-19** · mRNA vaccine

☐ **Flu** · influenza vaccine

QUESTIONS ABOUT YOUR HEALTH

01 Do you currently have an acute illness with fever? ☐ yes ☐ no

02 Have you received any vaccination in the last 14 days? ☐ yes ☐ no

If yes, against what? _____

03 Have you had a confirmed influenza or COVID-19 infection in the last 6 months? ☐ yes ☐ no

If yes, when? _____

04 Do you have surgery planned within the next 3 days? ☐ yes ☐ no

05 Have you ever had an allergic reaction, high fever, circulatory collapse or any other unusual reaction after a previous vaccination (e.g. against COVID-19 or flu)? ☐ yes ☐ no

If yes, which? _____

06 Do you have a weakened immune system? ☐ yes ☐ no

For example due to an illness, chemotherapy or medication that suppresses the immune system.

If yes, due to what? _____

07 Do you have a blood clotting disorder or do you take blood-thinning medication? ☐ yes ☐ no

08 Do you have any known allergies? ☐ yes ☐ no

For example to chicken egg protein or components of a vaccine.

If yes, which? _____

09 Are you pregnant? ☐ yes ☐ no

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CONSENT.

VACCINATION AGAINST COVID-19 & FLU

YOUR DECLARATION

I have taken note of the information on vaccination against COVID-19 with an mRNA vaccine and/or vaccination against flu (influenza):

Flu · German ↗ | **Flu** · Other languages ↗

COVID-19 · German ↗ | **COVID-19** · English ↗

PLEASE SELECT ONE OF THE TWO OPTIONS:

◯ **I consent** to the proposed vaccination(s) as selected on page 1.

◯ **I decline** the vaccination.

PLACE, DATE _____

_____ _____

Signature of the person to be vaccinated | Signature of pharmacist or doctor

IF THE PERSON TO BE VACCINATED CANNOT GIVE CONSENT THEMSELVES

In this case, please sign as the person authorised to give consent (holder of a health care power of attorney or legal guardian) and provide your contact details.

SURNAME, FIRST NAME _____

PHONE _____ EMAIL _____

_____

Signature of the person authorised to give consent

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VACCINATION AT THE PHARMACY

DATA PROTECTION.

VACCINATION AGAINST COVID-19 & FLU

DATA PROTECTION INFORMATION

Dear patient,

In connection with your vaccination, we – Mehringplatz Apotheke, Mehringplatz 12, 10969 Berlin, owner Dr. Stefan Rézépa – collect personal data from you as the controller. We process your name, address, date of birth, health insurance number and health insurer in order to carry out your vaccination, document it and later bill our services to your insurer. The legal basis for this processing is Art. 9(2)(h) GDPR in conjunction with the provisions of the German Social Code, Book V (SGB V), on vaccinations in pharmacies (performance of the treatment contract). This data is stored for 10 years and then deleted.

For the purpose of determining the uptake and effects of vaccinations (vaccination surveillance), the data specified there is transmitted to the Robert Koch Institute in accordance with Art. 9(2)(h) GDPR in conjunction with Section 13(5) of the German Infection Protection Act (IfSG).

Providing your data is generally voluntary. However, we cannot carry out the vaccination without your personal details. As a data subject, you have the right to access the personal data concerning you, to have incorrect data rectified and to have data erased if one of the grounds listed in Art. 17 GDPR applies, e.g. if the data is no longer needed for the purposes pursued. You also have the right to data portability and to restriction of processing. Furthermore, you have the right to lodge a complaint with a supervisory authority. If you have any questions about data protection, you can contact us at any time by email at mehringplatz@apotheke.berlin or by phone on 030 2511027.

I have taken note of the data protection information.

PLACE, DATE _____

_____

Signature of patient