



ANAMNESIS AND CONSENT

Surname and Name _____ born on _____

in _____ resident in _____ Tel. _____

- Are you well today? Sta bene oggi? yes no

- Do you have a cough, fever or tiredness? Ha tosse, febbre o stanchezza? yes no

What? Cosa? _____

- Do you have any allergies? Ha qualche allergia? yes no

At what? A cosa? _____

- Do you have HIV infection? (AIDS) Ha l'infezione da HIV? (AIDS) yes no

- Do you have any other illnesses? Ha altre malattie? yes no

Which? Quali? _____

- Is she pregnant? È in gravidanza? yes _____ ° month mese no

TAKES NOTE: PRENDE ATTO:

- to have to wait at least 15 minutes for the Mantoux or vaccination before to go away

- that you must avoid pregnancy for 1 month (only in case of inoculation of a live virus vaccine)

AND AGREES TO THE INOCULATION OF: _____

Date

Signature

NOTES: _____

The doctor

The nurse / AS
