

RESERVE DOCUMENTATION ON VACCINATION

(to be handed out to the vaccinated person)

.....
Last name, first name

.....
Date of birth

THE FOLLOWING VACCINATIONS HAVE BEEN ADMINISTERED:

Date	Trade name and batch no. of vaccine (label/vignette)	COVID-19			Name and address of responsible vaccination centre	Signature
		mRNA-vaccine	Viral vector vaccine	Other type of vaccine		

Next vaccination appointment (date)

WHAT TO DO IN THE EVENT OF AN UNUSUAL VACCINATION REACTION

In accordance with Section 22 of the Protection Against Infection Act (IfSG), we would like to point out that in the event of unusual vaccination reactions, the family doctor should be informed. If they suspect health damage that goes beyond the usual extent of a vaccination reaction, they are required to report it to the responsible health authority (Section 6 (1) no. 3 IfSG). In the event of vaccination-caused damage, a claim for compensation may be filed in accordance with the provisions of the Federal War Victims' Compensation Act (Bundesversorgungsgesetz) (Section 60 (1) IfSG). The application must be submitted to the competent social affairs office (Versorgungsamt) (Section 64 (1) IfSG).

Further information can be obtained from the competent health authority.

**Zusammen
gegen Corona**

[ZusammenGegenCorona.de](https://www.zusammengegenCorona.de)



Bundesministerium
für Gesundheit

ROBERT KOCH INSTITUT



BZgA

Bundeszentrale
für
gesundheitliche
Aufklärung

Paul-Ehrlich-Institut

