

## Affidavit<sup>1</sup>

I, the undersigned .....

date of birth .....

residing at .....

hereby declare that:

**I)  The vaccination is not covered by public health insurance<sup>2</sup>**

I, the undersigned, have received the vaccination

the vaccination was received by the insured person (name and surname of the child, date of birth)

.....

of whom I am the legal representative, custodian, foster parent, adoptive parent, guardian<sup>3</sup>

against (name of infectious disease)

.....,

which is not covered by public health insurance pursuant to Section 30(2) of Act No. 48/1997 Coll., on Public Health Insurance and on Amendments and Additions to Certain Related Acts, as subsequently amended<sup>4</sup>.

In ..... on .....

Signature of the declarant

**II)  Vaccination of a child by a physician other than the registering physician**

The above named insured person (child) has been vaccinated against the above infectious disease **with the knowledge of the registering GP:**

name and surname of the GP.....

GP surgery address .....

In ..... on .....

Signature of the declarant

<sup>1</sup> Mark valid with a cross.

<sup>2</sup> In addition, in the case of influenza vaccination, no reimbursement, even partial, was provided by the employer or any other entity.

<sup>3</sup> Delete as appropriate.

<sup>4</sup> In addition, in the case of influenza vaccination, no reimbursement, even partial, was provided by the employer or any other entity.

Covered services are<sup>5</sup>

a) vaccination and reimbursement of medicines containing vaccines in the least economically costly form

- against rabies,
- against tetanus in the case of injury and non-healing wounds,
- against tuberculosis for insured persons who meet the indications for vaccination laid down by the legislation governing vaccination against infectious diseases, including a tuberculin test carried out in cases where a child over 6 weeks of age needs to be vaccinated; in such cases, vaccination is carried out only if the tuberculin test is negative,
- against influenza for healthcare workers and other healthcare professionals, for insured persons suffering from a serious chronic pharmacologically treated cardiovascular or respiratory or renal disease or diabetes, and for insured persons placed in the healthcare facilities of a long-term inpatient care provider or in homes for the elderly or in homes for the disabled or in homes with special treatment,
- against pneumococcal infections, provided that all doses of the vaccine have been administered by the seventh month of the insured person's age; a covered service shall also include a re-vaccination administered by the fifteenth month of the insured person's age; a covered service shall also include a vaccination administered after the time limits laid down in this provision, if the administration of one or more doses of the vaccine has been postponed due to the insured person's health condition,
- against invasive meningococcal infections, pneumococcal infections, invasive disease caused by *Haemophilus influenzae* type b and influenza, for insured persons with impaired or lost spleen function (hyposplenism or asplenia) or insured persons with indicated or performed splenectomy, insured persons who have undergone autologous or allogeneic haemopoietic stem cell transplantation, insured persons with severe primary or secondary immunodeficiencies requiring medical care in a specialised unit, or insured persons who have had an invasive meningococcal or invasive pneumococcal infection,
- against invasive meningococcal infections caused by group B meningococcus if the vaccination is administered before the twelfth month of age or from the fourteenth to the fifteenth year of age, and group A, C, W, Y if the vaccination is given in one dose from the first to the second year of age or from the fourteenth to the fifteenth year of age of the insured person; a covered service shall also include vaccination carried out after the time limits laid down in this provision, if the administration of one or more doses of the vaccines has been postponed due to the health condition of the insured person,
- against tick-borne encephalitis in insured persons over 50 years of age,

b) vaccination and reimbursement of medicinal products containing vaccines for the vaccination of insured persons over 65 years of age against pneumococcal infections; the Ministry of Health approves reimbursed vaccines on the basis of recommendations of the National Immunisation Commission and publishes them in the form of a notice in the Collection of Laws,

c) vaccination and reimbursement of medicinal products containing vaccines against the human papillomavirus vaccination if the vaccination is commenced from the thirteenth to the fourteenth year of age of the insured person; a covered service shall also include vaccination carried out after the time limit laid down in this provision, if the administration of one or more doses of the vaccines has been postponed due to the health condition of the insured person,

d) vaccination and reimbursement of medicinal products containing vaccines for the vaccination of insured persons over 65 years of age against influenza; the Ministry of Health approves reimbursed vaccines and publishes them in the form of a notice in the Collection of Laws.

VZP CR reserves the right to check the services paid from public health insurance against the contribution paid from the Prevention Fund.

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<sup>5</sup> It will always be printed together with an affidavit of vaccination that is not covered by public health insurance

**III)  Confirmation of vaccine administration<sup>6</sup>**

(it is not necessary to fill in if the vaccination is documented by a vaccination card or a document issued together with the purchase of the vaccine from the physician, indicating that the vaccine was administered)

Name, surname and date of birth of the insured person

.....

An infectious disease against which the insured is vaccinated:

.....

Name of the vaccine .....

Application date.....

In ..... on .....

.....  
Physician's stamp and signature

**IV)  Confirmation of vaccinations not reimbursed by the employer<sup>7</sup>**

Name, surname and date of birth of the insured person

.....

I hereby declare that the measles vaccination was administered to me of my own free will and was not reimbursed, even partially, by my employer or any other entity.

In ..... on .....

.....  
Signature of the declarant

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<sup>6</sup> The printing of this confirmation is only necessary if the vaccination is not documented by a vaccination card or a document issued together with the purchase of the vaccine from the physician, indicating that the vaccine was administered.

<sup>7</sup> The printing of this confirmation is only necessary in the case of a measles vaccination request.