TO BE COMPLETED BY THE PATIENT, AND RETURNED TO THE INVESTIGATOR

covipreg@chuv.ch
Prof. D. BAUD - Maternité du CHUV, Av. Pierre Decker 2 , 1011 Lausanne

Pregnancy **due date:**	……

BEFORE 3rd INJECTION

Have you been tested **positive** for COVID-19?		❑ YES	❑ NO	❑ UNKNOWN
If yes, which test?	❑ Nasopharyngeal PCR	❑ Antigen test	❑ Serology	❑ UNKNOWN
Date of the test :	…… (Day/Month/Year)			
What symptom(s) did you have?	❑ NO SYMPTOM ❑ Fever : <38 / 38-39 / >39 °C ❑ Cough ❑ Dyspnea / shortness of breath ❑ Sore throat ❑ Muscle pain		❑ Fatigue ❑ Headache ❑ Nausea / vomiting ❑ Sputum production ❑ Los of taste / smell ❑ Others: ……	
Have you been hospitalized for COVID-19?	❑ YES ❑ NO	In which hospital? ……	Did you require oxygen?	❑ YES ❑ NO

VACCINE 1st INJECTION	Date : ……	(Day/Month/Year)
VACCINE 2nd INJECTION	Date : ……	(Day/Month/Year)

VACCINATION – 3rd injection

Date of 3rd dose	…… (Day/Month/Year)			
What type of vaccine?	❑ Moderna	❑ Comirnaty (Pfizer/BioNTech)	❑ Other: ……	
• Site of injection	❑ Right arm	❑ Left arm	❑ Other: ……	
• Place of vaccination	❑ Gynecologist /Midwife (private practice) ❑ Gynecologist /Midwife (hospital) ❑ Occupational health service (at work		❑ Vaccination center ❑ General Practitioner ❑ Pharmacist	
• Did you take antipyretic drugs the day of vaccination? (Acetaminophen, Paracetamol …)		❑ YES	❑ NO	❑ UNKNOWN
Local reaction?		❑ YES	❑ NO	❑ UNKNOWN
• If yes, what local reaction?	❑ Swelling / Edema ❑ Itch	❑ Redness ❑ Hematoma	❑ Pain ❑ Warmth	❑ Induration ❑ Other ……
• When?	❑ the **first 7 days** after 3rd injection ❑ **8 to 14 days** after 3rd injection ❑ **15 days to 1 month** after 3rd injection		❑ **> 1 month** after 3rd injection ❑ Unknown	
Systemic reaction?		❑ YES	❑ NO	❑ UNKNOWN
• If yes, what systemic reaction?	❑ Fatigue ❑ Thrill ❑ Nausea ❑ Diarrhea	❑ Fever (>= 38°C) ❑ Vomiting ❑ Joint pain ❑ Malaise	❑ Headache ❑ Muscle pain ❑ Other: ……	
• When?	❑ the **first 7 days** after 3rd injection ❑ **8 to 14 days** after 3rd injection ❑ **15 days to 1 month** after 3rd injection		❑ **> 1 month** after 3rd injection ❑ Unknown	

SEVERE adverse event(s)?	❑ YES	❑ NO	❑ UNKNOWN
• If yes, what severe adverse even?	❑ Hospital admission possibly related to vaccination ❑ Maternal intensive care unit admission ❑ Anaphylactic Shock ❑ Other(s) severe adverse event(s): ……		
• When?	❑ the **first 7 days** after 3rd injection ❑ **8 to 14 days** after 3rd injection ❑ **15 days to 1 month** after 3rd injection	❑ **> 1 month** after 3rd injection ❑ Unknown	

Possible COVID-19 TEST PERFORMED AFTER THE 3rd INJECTION

	Date of onset of illness	**What test?**	**Result :**
• Despite vaccination, you may have developed COVID-19 symptom(s). • In that case, a COVID-19 test is then recommended :	…… **Date of the test :** ……	❑ PCR ❑ Antigen test ❑ Unknown	❑ POSITIVE ❑ NEGATIVE ❑ Unknown

What symptom(s) did you have?	❑ NO SYMPTOM ❑ Fever : <38 / 38-39 / >39 °C ❑ Cough ❑ Dyspnea / shortness of breath ❑ Sore throat ❑ Muscle pain	❑ Fatigue ❑ Headache ❑ Nausea / vomiting ❑ Sputum production ❑ Los of taste / smell ❑ Others: ……

PATIENT: I consent to the use of these data, those relating to the outcome of my pregnancy as well as those relating to a possible infection, for the purposes of research to improve the care of pregnant patient

LAST NAME : **First name :**

Date of birth: **Signature :**