

Informed Consent Form for COVID-19 Vaccination

COVID-19 is a newly emerged acute respiratory infectious disease. Its major clinical manifestations include fever, dry cough and fatigue, while a few patients may also suffer from nasal obstruction, running nose, sore throat, conjunctivitis, myalgia and diarrhea. Most patients have a favorable prognosis and a few evolve into critical cases. As global public health is under severe threat due to the spread of COVID-19, it is necessary to inoculate people of appropriate age against the novel coronavirus in light of the needs for epidemic control.

Vaccine Variety: Covid-19 vaccines made by four companies have gained conditional approval to enter into the market so far, with 3 being inactivated vaccines and 1 adenovirus vector vaccine. There is another recombinant subunit vaccine (CHO cell) approved for emergency use.

Functions: This vaccine can stimulate the body to generate immunity against the novel coronavirus, thus preventing diseases caused by the virus.

Adverse Reactions: Partial adverse reactions mainly include aching of the vaccination area, as well as partial pruritus, swelling, indurating and blush. Systemic adverse reactions mainly include fatigue, as well as fever, myalgia, headache, cough, diarrhea, nausea, anorexia and allergy.

Contradictions: Please refer to instructions of the product for contradictions, including the following in general: a). allergic to the vaccine or components of the vaccine; b). suffering from acute diseases; c). under the acute attack of chronic diseases; d). suffering from fever; 5). women in gestation.

Notes: Please stay for observation for 30 minutes after vaccination. You should seek medical advice and report your case to the hospital of vaccination in case of any maladaptation. Just like other vaccines, this product may not be able to offer 100% protection for all of the vaccinated. For details please refer to the instructions.

Paradoxical reaction compensation: If diagnosis or appraisal confirms the paradoxical reaction or the reaction can't be eliminated, there will be compensation from the insurance company selected through bidding processes initiated by vaccine producers and underwriting insurances against the paradoxical reaction.

Please read the information above carefully and provide truthful information relating to health conditions and contradictions of the applicants for vaccination.

----- This form is to be filled by applicants or their guardians
I have learned the information above and pledge to provide truthful information
relating to health conditions and contradictions of the applicants for vaccination.

Applicant/Guardian:

Date: yy mm dd

Relationship between the guardian and the applicant: ☐Mother ☐Father ☐Other
(Please specify) _____

To ensure safety and effectiveness of the vaccination, medical staff will inquire about the following information and offer medical advice.

Fever, acute diseases or under the acute attack of chronic diseases	☐ Yes	☐ No
Allergies to the vaccine or components of the vaccine, or history of severe allergic reaction to vaccines	☐ Yes	☐ No
Uncontrolled epilepsy, cerebrosis and other progressive nervous system diseases	☐ Yes	☐ No
Women in gestation	☐ Yes	☐ No
Severe chronic diseases *	☐ Yes	☐ No

For items with *, the vaccine should be used with caution.

Medical advice: The inoculation of the inactivated SARS-CoV-2 vaccine should be

☐recommended ☐delayed ☐denied

Medical staff:

Date: yy mm dd

Tel:

Hospital of vaccination: (stamp)

I have received inquiry about my health conditions and accept the above medical advice.

Applicant/Guardian:

Date: yy mm dd

Letter of Commitment on Receiving Inactivated SARS-CoV-2 Vaccine

I, _____(Name), _____(Gender), born on (Year-Month-Date). The number of my passport (or foreign permanent resident ID card) is _____. I have read letter of consent. I acknowledge the content of the above-mentioned documents, consent to voluntary vaccination and will pay for all relevant expenses. I promise to truthfully inform health workers on site of my personal information such as health conditions and vaccine contraindications. I am fully aware of the type, usage of the vaccine and its contraindications, as well as the possible adverse reactions after vaccination. All risks associated with vaccination shall be borne entirely by myself.

Name(in print):

Signature:

Date: ____ (Day) ____ (Month) 2021