Coronavirus 2019 (COVID-19) Vaccination Information and Consent Form

Part 1 Personal information, acknowledgement, and consent to vaccinate

Full name and surname ..... Passport number .....

CID number/Tax ID ☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone number ..... Thai address .....

Weight ..... kg. Height ..... cm. Age ..... years

Part 2 Health information for vaccination. Please mark ✓ in the blank.

1. Are you under 18 years old?	☐ Yes	☐ No
2. Do you have a history of any severe allergies or allergic reactions to vaccines?	☐ Yes	☐ No
3. Are you less than 12 weeks pregnant?	☐ Yes	☐ No
4. Have you received any other vaccines within the past 14 days?	☐ Yes	☐ No
5. Have you had any illness which required you to stay at the hospital 14 days prior to today?	☐ Yes	☐ No
6. Do you have any chronic health conditions?	☐ Yes (steady)	☐ No

Note: If you have any of the following medical conditions and are receiving ongoing treatment with steady symptoms, you can be vaccinated.

☐ Chronic respiratory disease ☐ Cardiovascular disease

☐ Chronic kidney disease ☐ Cerebrovascular disease

☐ Any kind of Cancer during chemotherapy / radiation therapy and immunotherapy

☐ Immunosuppressive disease ☐ Diabetes

The vaccine is effective in preventing COVID-19 illnesses and helping to reduce the severity of the disease. It is important to strictly follow the established infection prevention guidelines, such as wearing a mask at all times, keeping physical distancing at least a meter, and sanitizing your hands. The COVID-19 vaccine may have common side effects such as fever, pain, swelling, redness around the injection site, headache, drowsiness, and fatigue within the first 72 hours after injection. Take paracetamol every 4-6 hours to help treat pain and fever. If you have other severe symptoms, please consult a doctor and the medical staff.

I have been informed and completely understand the COVID 19 vaccine. I certify that, I

☐ voluntary consent to vaccinate ☐ do not consent to vaccinate

Signature ..... service recipient/ authorized person

(.....)

Date .....

Part 3 Health information on vaccination day by medical personnel only

Checkpoint 1 Health information as of the date of vaccination.

Blood pressure ...../..... (if over 160/100, must remeasure after 10 mins rest) Pulse ..... Bpm.
Temperature ..... Degrees Celsius (If above 37.5, please contact the registration officer before vaccination.)

Checkpoint 2 Registration

Checkpoint 3 Health screening (in case of having underlying diseases or needing advice)

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☐ Vaccination ☐ Postpone vaccination

Signature ..... Screener (Doctor / Nurse)

Checkpoint 4 Vaccination, vaccination details

Receiving Oxford/AstraZeneca COVID-19 vaccine by AstraZeneca and the University of Oxford

Intramuscular injection of the upper arm ☐ Left ☐ Right

Time of injection ..... Due time (30 minutes) .....

Sticker Here
Vaccine Lot/Serial no.

Sticker Here
Nurse code

Checkpoint 5 Registration "Mor Prom" App ☐ Completed

Checkpoint 6 Observation after being vaccinated

☐ Normal

☐ Having symptoms of .....

(Notify the nurse or doctor for further assessment)

Checkpoint 7 Return form to be scanned into the system ☐ Completed