



Personal information and consent to vaccinate

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

CID number/Tax ID

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

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

After 2 weeks of receiving the second dose, the vaccine is effective in preventing COVID-19 illnesses and helping to reduce the severity of the disease. It is essential to strictly follow the established infection prevention guidelines, such as wearing a mask at all times, spacing, and sanitizing your hands. The COVID-19 vaccine may have side effects such as fever, pain, swelling, redness, headache, drowsiness, and fatigue within the first 48 hours after injection. 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 .....

Health information on vaccination day

Checkpoint 1 Health information as of the date of vaccination.

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:

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

Intramuscular injection of the upper arm     Left       Right      Time .....

Sticker Here  
Vaccine Lot/Serial no.

Sticker Here  
Nurse code

Checkpoint 5 Return form to be scanned into the system       Completed