MINISTRY OF HEALTH
SINGAPORE

LETTER OF CONSENT AND AUTHORISATION FOR SINOVAC COVID-19 VACCINATION UNDER THE PAEDIATRIC SINOVAC AFTER MRNA PROGRAMME

Instructions: This letter is to be completed and signed by the parent/legal guardian of the child/ward, who is giving consent for his/her child/ward to receive the Sinovac COVID-19 vaccination under the Paediatric Sinovac after mRNA Programme. Please provide this letter, duly signed and completed, during your child/ward's vaccination appointment. The letter of consent and authorisation and the SMS invitation from MOH are required for verification. To ensure that vaccination for the child/ward may proceed, the parent/legal guardian must be contactable by the vaccination site staff during his/her child/ward's vaccination appointments should there be any queries. For children aged 12 and below, they must be accompanied by a parent/guardian/proxy during the vaccination appointments.

Please tick as applicable:

*[ ] I am providing consent for my child/ward's **primary** (two/three doses) vaccination.*

*[ ] I am providing consent for my child/ward's **booster** vaccination.*

1 I, _____, _____, am the
(Name) *(NRIC/FIN/Passport Number)*
parent/legal guardian *(please delete as applicable)* of

_____, _____.
(Name of Child) *(birth cert/ identification no.)*

2 I refer to the Programme Information Sheet and the Vaccination Information Sheet made available for review below providing important information on the Paediatric Sinovac after mRNA (SAM) Programme and the Sinovac COVID-19 vaccine, which I have read and fully understood. In particular, I understand that the use of Sinovac vaccine in persons under the age of 18 has not been authorised or approved by HSA.

3 I consent for my child/ward to receive the **primary (two/three doses[1]) / booster** *(please delete as applicable)* dose(s) of the Sinovac COVID-19 vaccine, in Singapore, under the Paediatric Sinovac after mRNA Programme. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have reviewed the screening questions at Part B of the Paediatric Sinovac after mRNA Programme Vaccination Screening Form 1 made available for review below and am satisfied that my child/ward is eligible for the Sinovac COVID-19 vaccination.

4 *(To be completed if applicable)* I also hereby authorise _____,
(Name of guardian/local proxy)
_____, (H/P: +65_____), to arrange for my child/ ward's
(NRIC/FIN/Passport Number),(guardian/proxy's Local Contact No.)
Sinovac COVID-19 vaccination appointment on my behalf, and to accompany my child/ward for the vaccination appointment. I understand that I must be contactable by the vaccination site staff during my child/ward's vaccination appointment should there be any queries or other need to contact me. In the event that I am uncontactable, I acknowledge that my child/ward will be unable to proceed with the vaccination.

_____ _____
Signature of Parent/ Legal Guardian Date
(please delete as applicable)

[1] as appropriate, and as explained under paragraph 8 of the Programme Information Sheet

PAEDIATRIC SINOVAC AFTER MRNA PROGRAMME

PROGRAMME INFORMATION SHEET FOR PARTICIPANTS

1. What is the Paediatric Sinovac After mRNA (SAM) programme? Who is eligible for the programme?

The Paediatric SAM programme is a dedicated public health programme by the Ministry of Health which aims to monitor the safety of administering the Sinovac-CoronaVac vaccine to the respective groups of persons who are unable to receive the mRNA vaccine due to contraindications to the mRNA vaccine:

(a) Eligible persons aged 3 to under 5 years old, where the Sinovac-CoronaVac vaccine may be administered for the primary series vaccination.

(b) Eligible persons aged 5 to under 18 years old, where the Sinovac-CoronaVac vaccine may be administered for both the primary series vaccination as well as the booster vaccination.

2. Who is considered to be contraindicated to the mRNA vaccine?

The following groups of persons are considered to be contraindicated to the mRNA vaccine:

(a) Those who have taken any dose of the mRNA vaccine and have been certified by a doctor to be unable to receive further doses of the mRNA vaccine due to allergy, severe adverse reaction or myocarditis.

(a) Those who are entirely contraindicated to the mRNA vaccine due to certified allergy to components of the mRNA vaccine, i.e polyethylene glycol, or PEG.

3. What is the Sinovac-CoronaVac vaccine?

The Sinovac-CoronaVac COVID-19 vaccine protects against COVID-19. The vaccine is an inactivated virus COVID-19 vaccine which stimulates the body to produce protection against the actual COVID-19 virus. Persons who have not received any COVID-19 vaccination are recommended to receive three doses of the vaccine as their primary vaccination series. The vaccine is safe for use, but like other vaccines and medications, side effects can happen. These are usually mild and get better in one to three days.

For more information on the Sinovac-CoronaVac vaccine, please refer to the Expert Committee on COVID-19's recommendations on the use of the vaccine, and the Health Sciences Authority's press release on the authorisation of the vaccine. These can be found on MOH's (www.moh.gov.sg) and HSA's (www.hsa.gov.sg) website respectively.

4. Can I / my child receive the Sinovac-Coronavac vaccine under the National Vaccination Programme instead of this dedicated programme?

The use of the Sinovac-CoronaVac vaccine under the National Vaccination Programme (NVP) is only for persons aged 18 and above.

Persons aged 3 to under 18 years old who are medically ineligible to receive the recommended mRNA vaccines under the NVP may receive the Sinovac-CoronaVac vaccine under this dedicated public health programme.

5. As the use of the Sinovac-Coronavac vaccine under the age of 18 is not included in HSA's interim PSAR authorisation, is it safe to administer to them?

Based on the data accrued from clinical trials to-date, the safety profile of Sinovac-CoronaVac is generally consistent with that of other registered vaccines used in immunisation against other diseases. Combined data to-date from the vaccine manufacturer's Phase I / II trials in healthy children and adolescents aged 3 to under 18 years old do not indicate any safety concerns. Some common side effects that vaccine recipients may experience include headache, injection site reaction, muscle pain and general discomfort after vaccination. These symptoms are reactions generally associated with vaccinations and expected as part of the body's natural response to build immunity against COVID-19. These side effects usually resolve on their own within a few days.

This dedicated public health programme will further allow MOH to monitor the safety of administering the Sinovac-CoronaVac vaccine to persons aged 3 to under 18 years old.

6. Will I / my child have to pay for the Sinovac-Coronavac vaccine under this programme?

No. The Sinovac-CoronaVac vaccine will be administered at no charge to persons who are eligible for the Paediatric SAM programme.

7. Where can I / my child receive the vaccination under the Paediatric SAM programme? How many doses of the vaccine are needed? What can be expected at the Vaccination Centre?

Primary vaccination series. Eligible persons aged 3 to under 18 years old who opt to participate in the programme will receive a two- or three-dose primary series (see table below) of the Sinovac-Coronavac vaccine at either KK Women's and Children's Hospital (KKH) or National University Hospital (NUH).

Category	Number of doses and interval between doses
Persons who have **previously taken one dose of the mRNA vaccine** and are medically ineligible for / have been advised against taking the second dose of the mRNA vaccine due to allergy, severe adverse reaction or myocarditis	A total of **two doses** of the Sinovac-Coronavac vaccine will be administered. Dose 1: Recommended at 8 weeks after the mRNA vaccine Dose 2: Recommended at 8 weeks following Dose 1
Persons who are entirely contraindicated to the mRNA vaccine and **have not taken any dose of the mRNA vaccine**	A total of **three doses** of the Sinovac-Coronavac vaccine will be administered. Dose 2: Recommended at 8 weeks following Dose 1 Dose 3: Recommended 3 months (90 days) following Dose 2

Booster dose. Eligible persons aged 5 to under 18 years old who opt to participate in the programme will receive one dose of the Sinovac-Coronavac vaccine at the stipulated interval following their primary vaccination series (see table below) at KKH or NUH.

Category according to primary vaccination series	Number of Sinovac booster doses and interval between doses
Persons who have previously taken one dose of the mRNA vaccine and thereafter received **two doses of Sinovac** OR Persons who were entirely contraindicated to the mRNA vaccine and received **three doses of Sinovac**	**One dose** of Sinovac is recommended approximately **3 months** after the final vaccine dose of their primary vaccination series.
Persons who have completed both doses of the mRNA vaccine but are contraindicated to future doses of the mRNA vaccine	**One dose** of Sinovac is recommended approximately **5 months** after the final vaccine dose of their primary vaccination series.

Post-vaccination monitoring. Participants will be monitored closely for post-vaccination side effects on-site (for 30 minutes after any dose of the primary series, and 15 minutes after a booster dose) and will also be asked to fill out a short online survey using a FormSG QR code immediately after each dose, as well as in the days following vaccination.

8. Will I / my child be eligible for the Vaccine Injury Financial Assistance Programme (VIFAP) under this programme?

As part of the Paediatric SAM programme, participants are eligible for the SAM Financial Assistance Scheme (SAMFAS), which provides goodwill financial assistance should they experience a serious side effect or adverse event after receiving the Sinovac-Coronavac vaccine, that requires hospitalisation for treatment or results in persistent disability which is assessed to be likely to be related to the vaccination.

9. Can you provide an overview of the SAM Financial Assistance Scheme (SAMFAS)?

The amount of financial assistance provided is fixed and dependent on the severity of the serious side effect or adverse event, as indicated in the table below. Pay-out will be based on the highest quantum eligible, and persons will be eligible for one pay-out only e.g. only $225,000 for death and permanent severe disability, regardless of hospital stay or treatment.

	Type of Serious Side Effect or Adverse Event	One-time Pay-out Amount
1	Results in death or permanent severe disability	$225,000
2	Requires admission to High Dependency or Intensive Care, with subsequent recovery	$10,000
3	Inpatient hospitalisation of any duration (excluding visits to the Emergency Department without subsequent inpatient admission).	$2,000

Please note that this is a goodwill financial assistance as part of the programme that is independent of existing healthcare financing and insurance schemes. It is not meant to reimburse medical costs associated with the serious side effect or adverse event. Individuals who experience side effects after the Sinovac-Coronavac vaccination can continue to receive support through applicable healthcare financing schemes, such as MediShield Life and subsidies at our public healthcare institutions. Persons with private insurance may wish to check with their insurance provider on their coverage details.

10. How do I / my child apply for SAMFAS?

You may apply for financial assistance under the Paediatric SAM programme by submitting an application online at https://go.gov.sg/samfas-covid.

All applications must be supported by the assessment of a medical doctor. As part of your submission, you are required to provide the "Request for Medical Information" form which must be completed by your primary attending doctor. You may download the "Request for Medical Information" form at https://go.gov.sg/samfas-request-for-med-info-form. Please request your doctor to complete it and return the form to you for your application to MOH. Applications will not be processed in the absence of a completed "Request for Medical Information" form.

11. How can I / my child receive the Sinovac-Coronavac vaccine under this programme?

Eligible persons will receive an SMS from MOH, inviting them to participate in the Paediatric SAM programme. Please follow the instructions in the SMS. You / your child must provide the necessary consent and identification documents in order for your child to participate in the programme.

12. May I receive the Sinovac-Coronavac vaccine at another location?

No. Participants in the Paediatric SAM programme may only receive the Sinovac-Coronavac vaccine at either KKH or NUH.

13. Why do I have to sign an informed consent form? Is the Paediatric SAM programme a research study?

A signed informed consent form is required to ensure that you have considered and discussed the risks and benefits of receiving the Sinovac-Coronavac vaccine outside of the Health Sciences Authority's (HSA) Pandemic Special Access Route (PSAR) authorisation and indications.

The Paediatric SAM programme is a public health programme approved and funded by MOH, to closely monitor the health of persons who are unable to complete their mRNA COVID-19 vaccination, by providing a non-mRNA option safely. Any data collected will be anonymised and shared in group form and used for the purposes of improving public health policy or to educate the public about vaccinations.

14. How will I be monitored for post-vaccination side effects?

Please fill in this short online survey form, with your symptoms (even if none) as part of vaccine safety monitoring by scanning the QR codes below. This will help us take better care of future participants.

Time After Vaccination	Day 0 (right after)	Day 1 (24 hours after)	Day 3 (72 hours after)	Day 7 (1 week later)
Scan QR Code				

				

MINISTRY OF HEALTH
SINGAPORE

VACCINATION INFORMATION SHEET

SINOVAC COVID-19 VACCINE (CORONAVAC)

FOR PARTICIPANTS IN THE PAEDIATRIC SINOVAC AFTER mRNA (SAM) PROGRAMME

This vaccine has been granted authorisation under the Pandemic Special Access Route (PSAR) by the Health Sciences Authority (HSA) for use in Singapore in persons aged 18 and older under the direction of the Ministry of Health. Persons who are aged 18 and older may receive the vaccine under the National Vaccination Programme.

You / your child are receiving this information sheet as you / your child are eligible to receive the Sinovac COVID-19 vaccine (CoronaVac) under the Paediatric SAM Programme, a dedicated public health programme by the Ministry of Health.

The Paediatric SAM Programme aims to monitor the safety of administering the Sinovac COVID-19 vaccine (CoronaVac) to the respective groups of persons who are unable to receive the mRNA vaccine due to contraindications to the mRNA vaccine:

(a) Eligible persons aged 3 to under 5 years old, where the Sinovac COVID-19 vaccine (CoronaVac) may be administered for the primary series vaccination.

(b) Eligible persons aged 5 to under 18 years old, where the Sinovac COVID-19 vaccine (CoronaVac) vaccine may be administered for both the primary series vaccination as well as the booster vaccination.

Please read this information carefully. Consult your doctor or clinic if you have questions.

15. What is COVID-19?

COVID-19 is a respiratory illness that can range from mild to severe disease. Spread is mainly through droplets, airborne particles, or touching contaminated surfaces. Symptoms appear 2 to 14 days after exposure, and can include fever, cough, shortness of breath, sore throat, runny nose or loss of smell or taste. Complications can include respiratory failure, heart attacks, blood clots and other long-term problems.

16. What is the Sinovac COVID-19 vaccine (CoronaVac)?

The Sinovac COVID-19 vaccine (CoronaVac) protects against COVID-19. The vaccine is an inactivated virus COVID-19 vaccine which stimulates the body to produce protection against the actual COVID-19 virus.

The vaccine consists of 3 doses. The second dose is given 8 weeks after the first dose, while the third dose is given 3 months after the second dose. The vaccine is safe for use, but like other vaccines and medications, side effects can happen. These are usually mild and get better in 1 to 3 days.

For more information on the Sinovac COVID-19 vaccine (CoronaVac), please refer to the Expert Committee on COVID-19's recommendations on the use of the vaccine, and the Health Sciences Authority's press release on the authorisation of the vaccine. These can be found on MOH's (www.moh.gov.sg) and HSA's (www.hsa.gov.sg) website respectively.

17. Who should get the vaccine? Who should not get the vaccine?

You should get this vaccine to be protected against COVID-19, if you are unable to complete vaccination with the mRNA vaccines (Pfizer-BioNTech / Comirnaty or Moderna) due to an allergic reaction to the mRNA vaccine or its components.

You should **NOT** get this vaccine if you had an allergic reaction (including anaphylaxis) to a prior dose of this vaccine or to any ingredients in this vaccine (see Section 5).

Tell your doctor or nurse before getting this vaccine if you:

- had a fever in the past 24 hours
- have active cancer treatment, organ/stem cell transplantation, or are immunocompromised
- have a low platelet count, bleeding disorder, or taking blood thinning medications
- are pregnant, or think you may be pregnant

You likely can still receive the vaccine, but the doctor or nurse may provide additional advice.

18. How is the Sinovac COVID-19 vaccine (CoronaVac) given?

This vaccine is given as an injection into the muscle of your upper arm.

19. What are the ingredients in the Sinovac COVID-19 Vaccine (CoronaVac)?

The Sinovac COVID-19 vaccine (CoronaVac) includes the following ingredients: Inactivated SARS-CoV-2 Virus (CZ02 strain); aluminium hydroxide; disodium hydrogren phosphate dodecahydrate; sodium dihydrogen phosphate monohydrate; sodium chloride.

20. What are the possible side effects? How do I manage the side effects?

Like other vaccines and medications, side effects can happen. Most side effects are mild or moderate, and usually get better within a few days. The table below lists some common side effects that have been reported with this vaccine, and how to manage them.

Side Effects	**How to Manage**
Pain, redness, swelling at the injection site	Those with fever are advised to self-isolate at home until the fever subsides. Paracetamol 10mg/kg/dose every 6 hours.
Fever, chills	
Headache, muscle pain, joint pain	
Tiredness (Fatigue)	Rest

- See a doctor if side effects persist or get worse.
- See a doctor to get tested for COVID-19 if you develop cough, sore throat or runny nose, since you don't develop full protection until at least 2 weeks after completing the second dose.
- Rarely, this vaccine may cause Bell's palsy, which is a temporary paralysis on one side of the face. This is a separate condition from a stroke. If you experience weakness on one side of your face, **seek medical attention immediately.**
- Very rarely, this vaccine may cause a severe allergic reaction or anaphylaxis. Symptoms include difficulty breathing, swelling of your face/throat/eyes/lips, fast heartbeat, dizziness/weakness, or rash. If you experience these, **seek medical attention immediately**. Call 995 or go to the nearest A&E immediately.
- If you experience side effects after vaccination which are not listed above, please consult your doctor.

21. Other Advice

Advice for different groups of vaccine recipients:

- If you are on blood thinning medicines, press firmly on the injection site for 5 minutes.
- If you are pregnant, you may wish to consult your obstetrician to discuss benefits and risks.
- If you are on active cancer treatment, recent organ/stem cell transplantation or are on aggressive immunotherapy, please consult your specialist to discuss if you can get this vaccine.

Before vaccination:

- Continue to take your medications as usual, and do not stop them just for the vaccination.
- Avoid dehydration or skipping meals, to reduce risk of fainting after vaccination.
- If you have a fever or are acutely ill, you should re-schedule your vaccination.

After vaccination:

It is advisable to avoid the following after vaccination, to reduce the risk of adverse effects:

- Avoid drinking alcohol for 12-24 hours after getting vaccinated
- Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs) for pain or fever after vaccination. (NSAIDs include medications like ibuprofen, ketoprofen, naproxen, and diclofenac.)

22. How do I report side effects?

If you experience severe or unusual side effects, see your doctor, who will be able to advise you and report the side effects to HSA. You may also report side effects directly to HSA on a form by scanning this **QR code**.

23. What is the Pandemic Special Access Route (PSAR)?

PSAR is an authorisation process by HSA to facilitate early access to vaccines and medicines during a pandemic, such as COVID-19.

The content of this information sheet was updated on 10 Oct 22. For the latest COVID-19 vaccine consumer information, please refer to the HSA website at https:www.hsa.gov.sg/covid-19-information-and-advisories

PAEDIATRIC SINOVAC AFTER mRNA PROGRAMME – VACCINATION SCREENING FORM (FORM 1)
TO BE COMPLETED BY PATIENT/PARENT/LEGAL GUARDIAN (please approach our staff if you need help)

PART A: PERSONAL PARTICULARS *Queue Registration*

NAME of person receiving vaccination (BLOCK LETTERS):	**NRIC No./Foreign Identification No.(FIN):**

Gender: ☐ Male ☐ Female	**Date of Birth (dd/mm/yyyy):**	**Age:**	**Ethnic Group:** ☐ Chinese ☐ Indian ☐ Malay ☐ Others	**Residential Status:** ☐ Citizen ☐ Permanent Resident ☐ Long term ☐ Other

Address*: Postal Code:	**Handphone Number:** **Email Address*:**

PART B: MEDICAL INFORMATION *Waiting Area*

PART B1: FEVER	**NO**	**YES**
Have you had a fever (Temperature ≥ 37.5°C) in the past 24 hours?	☐	☐

PART B2: ADVERSE EVENTS TO VACCINES	**NO**	**YES**
Do you have any known allergies to the SINOVAC vaccine, or its components, or other inactivated vaccines?	☐	☐
Have you taken any dose of the mRNA COVID-19 vaccine?	☐	☐
If yes, when did you receive your first dose of mRNA COVID-19 vaccine?		
• Date: _____		
• Which vaccine did you receive?	☐ Pfizer	☐ Moderna
• What was your reaction to the mRNA COVID-19 vaccine?		
○ Anaphylaxis: severe reaction with two or more of the following: (a) hives or face/eyelid/lip/throat swelling, (b) difficulty breathing, (c) dizziness	☐	☐
○ Rash or hives or face/eyelid/lip swelling	☐	☐
○ Myocarditis / pericarditis	☐	☐
○ Other side effects: List_____	☐	☐

PART B3: SPECIAL SITUATIONS (CAN STILL VACCINATE)	**NO**	**YES**
Have you ever had anaphylaxis to medications, insect stings, food or unknown triggers?	☐	☐
(For females) Are you pregnant or suspect that you are pregnant (late menstrual period)?	☐	☐
Are you currently taking these medications or have these medical conditions?		
• Blood-thinning medications (e.g. warfarin, apixaban, rivaroxaban etc)	☐	☐
• Bleeding disorder or low platelets	☐	☐
• On cancer treatment (immunotherapy / chemotherapy / radiotherapy in the past 3 months **OR** planned in the next 2 months)#	☐	☐
• Recent transplant in the past 3 months#	☐	☐
• Aggressive immunotherapy for non-cancer conditions (e.g. rituximab etc) #	☐	☐

PART C: PATIENT DECLARATION AND CONSENT

I declare that the information I have given is true and complete to the best of my knowledge.

I understand that the use of SINOVAC vaccine in persons under the age of 18 has not been authorised or approved by HSA. I have further been informed of and fully understand the risks, benefits and side effects of SINOVAC COVID-19 vaccination, and I wish to receive / have my child/ward receive the SINOVAC COVID-19 vaccination.

By consenting to participate in this Paediatric SAM program, I agree to receive / have my child/ward receive the SINOVAC vaccine, to complete the survey monitoring for post-vaccination side effects, and to provide MOH access to my medical records.

☐ I **AGREE** to receive / that my child/ward may receive the SINOVAC COVID-19 vaccination; OR

☐ I **DO NOT** wish to receive / have my child/ward receive the SINOVAC COVID-19** vaccine

_____	_____	_____	_____
Name of patient / parent / guardian	NRIC No. / FIN	Signature	Date (dd/mm/yyyy)

* Fields not required if names are submitted via nominal roll, appointment booking system and healthcare workers under the self-vaccination

exercise.
** If patient **does not** wish to receive COVID-19 vaccine, there is no need to complete **FORM 2**. # Memo from treating specialist is required to proceed with vaccination.

PAEDIATRIC SINOVAC AFTER mRNA PROGRAMME – VACCINATION SCREENING FORM (FORM 2)
TO BE COMPLETED BY DOCTOR OR NURSE AT THE VACCINATION SITE

PART D: CLINICAL SAFETY REVIEW OF PATIENTS		
PART D1: CONTRAINDICATIONS TO COVID-19 VACCINE **IF YES → DO NOT VACCINATE**	**NO**	**YES**
• Anaphylaxis or allergy to previous dose of the SINOVAC vaccine, its components, or other inactivated vaccines	☐	☐
PART D2: PRECAUTIONS → POSTPONE VACCINATION **IF YES → DO NOT VACCINATE**	**NO**	**YES**
• Fever (≥ 37.5°C) in past 24 hr → Re-schedule for after fever resolved	☐	☐
PART D3: SPECIAL SITUATIONS → CAN VACCINATE	**N/A**	**YES**
IF YES to being anti-coagulation, has low platelets or bleeding disorder:		
• **Advise to press firmly on injection site for 5 minutes**	☐	☐
IF YES to being pregnant:		
• **Check if patient wishes to discuss with obstetrician (optional)**	☐	☐
IF YES to any of the below, check if suitability has been assessed by treating specialist		
• On cancer treatment (immunotherapy / chemotherapy / radiotherapy) less than 3 months ago or planned in the next 2 months	☐	☐
• Recent transplant in the past 3 months	☐	☐
• Aggressive immunotherapy for non-cancer conditions (e.g. rituximab, etc.)	☐	☐
IF YES to history of anaphylaxis →		
• **Ensure post-vaccination observation period of at least 30 minutes**	☐	☐

CLINICAL ASSESSMENT: ☐ Risks, benefits, adverse effects discussed; questions answered ☐ Patient form & Informed consent has been signed **VACCINATE?** ☐ YES → PROCEED TO VACCINATION ☐ NO ☐ Not eligible OR has contraindications → NO VACCINATION ☐ Fever → RESCHEDULE vaccination when fever has resolved	Form Completed by _____ Name / Signature / Date

PART E: VACCINATION RECORD			
COVID-19 vaccine given: ☐ #1 Date: ☐ #2 Date: ☐ #3 Date: ☐ #4 Date:	Injection site: ☐ Left deltoid ☐ Right deltoid ☐ Other_____	Vaccine Brand: ☐ Pfizer-BioNTech/ Comirnaty ☐ Moderna ☐ Sinovac ☐ Other _____	Batch number: Bottle number (if applicable):
Place of Vaccination		Vaccinated By: _____ Name (stamp) / Signature / Date	

PART F: OBSERVATION & DISCHARGE	
☐ Vaccine card & vaccine information sheet (VIS) given ☐ Observe patient for 30 min after vaccination (for syncope, anaphylaxis etc) ☐ If allergic symptoms develop, observe until stable or refer to ED	Time of vaccination:
Remarks by doctor (If treatment required):	Assessed by: _____ Name (stamp) / Signature / Date