



## ADULT VACCINE ACCESS PROGRAM COVID VACCINE FINAL CONSENT FORM



<b>Name:</b> (Last, First M.I.)		<b>Vaccination Post:</b>	
<b>Address:</b>		<b>Scheduled Date of Vaccination:</b>	

(Fold over up to this line)

<b>Contact Details:</b>		<b>Age / Sex:</b>		<b>PhilHealth Number:</b>	
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<p><b>VACCINE BRAND WILL ONLY BE IDENTIFIED DURING THE DAY OF VACCINATION. Please bring this form and a Government Issued ID on the day of immunization for validation purposes.</b></p> <p>The COVID19 Vaccine that you are about to receive, under an Emergency Use Authorization (EUA), aims to reduce the chance of you suffering from COVID19 disease. Like any other medicine, no vaccine is 100% effective and it may take a few weeks for your body to build-up protection from the vaccine. Some people may still get infected despite having been vaccinated, but it has been shown that severity of illness is lessened. If you are currently pregnant, planning pregnancy or breastfeeding, please notify the health worker prior to vaccination.</p> <p>The vaccine will not give you COVID19 infection, and two doses will reduce your chance of becoming seriously ill. You will still need to follow minimum health standards (PPEs, hand washing, wearing masks and face shields, social distancing etc) in your workplace and any public space. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.</p>	<p><b>ANG BRAND NG BAKUNA AY MALALAMAN LAMANG SA ARAW NG IYONG BAKUNA. Dalhin ang form na ito at isang Government ID sa araw ng iyong bakuna.</b></p> <p>Ang bakuna na iyong matanggap, sa pahintulot ng isang Emergency Use Authorization (EUA), ay naglalayong mapigilan na ikaw ay magkasakit ng COVID19. Tulad ng ibang mga gamot, walang bakuna na ganap na mabisa at maaaring ilang linggo pa ang lumipas bago makagawa ng panlaban ang iyong katawan na dulot ng bakuna. Para sa ilan, maari pa rin mahawa kahit nabakunahan na. Ngunit ang posibilidad na mauwi sa malalang sintomas o pagkakasakit ay lubos nang mas mababa kung mababakunahan. Kung ikaw ay buntis o may planong mag-buntis o nagpapasuso ng bata, mangyaring magsabi sa ating mga health worker bago magpa-bakuna.</p> <p>Ang bakuna ay hindi magdudulot ng impeksyong COVID19. Dalawang beses kailangang mabakunahan (na may ilang linggong paggitan) upang maging mabisa. Kailangan pa rin sumunod sa mga Minimum Health Standards (gaya ng pagsuot ng mask, faceshield at paglalayo-layo kahit na nabakunahan na. Gaya ng ibang mga gamot, ang bakuna ay maaring may mga side effect. Karamihan dito ay banayad, bahagya at panandalian lamang. Hindi lahat ay magkakaroon nito.</p>
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**(To be filled out by your Doctor/Health Worker on the day of your vaccination)**

	FINAL SCREENING	YES	NO	Remarks
1.	Are you feeling sick today?			
2.	In the last 14 days, have you had COVID19 test or been told by a healthcare provider to isolate at home due to COVID19 Infection?			
3.	In the last 14 days, have you been told by a healthcare provider to quarantine at home due to COVID19 exposure or travel?			
4.	Have you been treated with antibody therapy or convalescent plasma for COVID19 in the past 90 days (3 months)? <i>If YES, when did you receive the last dose? Date: _____</i>			
5.	Have you ever had an immediate allergic reaction, such as hives, facial swelling, difficulty breathing or anaphylaxis, to any vaccine or shot to any component of the COVID19 Vaccines such as Polyethylene Glycol (PEG) or polysorbate?			
6.	Have you had any vaccines in the past 14 days (2 weeks) including flu shot? If YES, how long ago was your most recent vaccine? Date : _____			
7.	Are you pregnant, or considering becoming pregnant?			
8.	Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system?			
9.	Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs or have you had any radiation treatments?			
10.	Do you have a bleeding disorder or are you taking a blood thinner?			
11.	Have you received a previous dose of COVID19 vaccine?			

<p>Ako ay <b>PUMAPAYAG</b> na makatanggap ng kumpletong bakuna para sa COVID19</p> <p><i>I want to receive the full course of COVID19 Vaccination</i></p>	<p>Ako ay <b>HINDI PUMAPAYAG</b> na makatanggap ng kumpletong bakuna para sa COVID19</p> <p><i>I do not want to receive the full course of COVID19 Vaccination</i></p>	<p><b>DISPOSITION:</b></p> <p><input type="checkbox"/> <b>FOR VACCINATION</b></p> <p><input type="checkbox"/> <b>REFUSED DUE TO:</b> _____</p> <p><input type="checkbox"/> <b>DEFERRED DUE TO:</b> _____</p> <p>_____</p> <p>Examining Physician: _____ <small>(Signature over Printed Name)</small></p> <p>License No.: _____</p>
Signature over Printed Name	Signature over Printed Name	