



# INFORMED CONSENT FORM FOR THE SINOVAC COVID-19 VACCINE

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program  
as of March 5, 2021

<b>Name:</b>	<b>Birthdate:</b>	<b>Sex:</b>
<b>Address:</b>		
<b>Occupation:</b>	<b>Contact Number:</b>	
<b>Health facility:</b>		

## INFORMED CONSENT

I confirm that I have been provided with adequate information about the donated SINOVAC COVID-19 vaccine, its Emergency Use Authorization from the Philippine Food and Drug Administration with advice for healthcare workers directly exposed to COVID-19 patients and those with comorbidities, and the recommendations of the interim National Immunization Technical Advisory Group in the absence of any other vaccine to provide workers in frontline health services the autonomy to decide to be vaccinated with this specific batch of donated SINOVAC vaccines without prejudice to immediate eligibility for other vaccines. I have received sufficient information on the benefits and risks of COVID-19 vaccines and I understand the possible risks if I am not vaccinated.

I confirm that I have been screened for health conditions that may merit deferment or special precautions during vaccination as indicated in the Health Screening Questionnaire.

I was provided an opportunity to ask questions, all of which were adequately and clearly answered. I, therefore, voluntarily release the Government of the Philippines, the vaccine manufacturer, their agents and employees, as well as the hospital, the medical doctors and vaccinators, from all claims relating to the results of the use and administration of, or the ineffectiveness of the SINOVAC COVID-19 vaccine.

I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as, but not limited to allergies, and that should prompt medical attention be needed, referral to the nearest hospital shall be provided immediately by the Government of the Philippines. I have been given contact information for follow up for any symptoms I may experience after vaccination.

I understand that in case I suffer a serious adverse event, which is found to be associated with the SINOVAC COVID-19 vaccine or its administration, I have a right to health benefit packages under the Philippine Health Insurance Corporation

(PhilHealth) program in case I experience hospitalization due to severe and/or serious adverse reactions.

I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012.

I hereby give my consent to be vaccinated with the SINOVAC COVID-19 Vaccine.

_____	_____
Signature over Printed Name	Date

### ***In case eligible individual is unable to sign:***

I have witnessed the accurate reading of the consent form and liability waiver to the eligible individual; sufficient information was given and queries raised were adequately answered. I hereby confirm that he/she has given his/her consent to be vaccinated with the SINOVAC COVID-19 Vaccine.

_____	_____
Signature over Printed Name	Date

### **If you chose not to get vaccinated, please list down your reason/s:**
