

NO.:	
1 st dose	2 nd dose

Consent for COVID-19 Vaccination – CoronaVac® (Sinovac)

COVID-19 vaccines are given to control the spreading of CoronaVirus in our country. When the number of vaccine recipients has been increased, it will help to form a herd immunity that reduces the incidents and severity of COVID-19 infection, therefore help to protect the population under the category unfit for vaccination and reduce the death rate.

Administration of CoronaVac® (Sinovac) vaccine requires two (2) doses with at least 21-28 days apart between the two (2) doses. The vaccine is injected to the deltoid muscle with the exemption of certain circumstances. It can cause mild side effects that vary in different recipients and other adverse effects following immunization (AEFI) should be reported to MySejahtera or online via www.npra.gov.my from time to time.

Medical History (Please complete the form and refer **Appendix 1**)

	YES	NO
1. Are you not feeling well today?		
2. Have you ever had a severe allergic reaction to another vaccine (other than COVID-19 vaccine) or other medication(s)? [This would include severe allergic reaction (i.e. anaphylaxis) that occurred within 4 hours that caused hives, swelling, or respiratory distress including stridor/wheezing, seizure, fainting, and required hospital admission.]		
3. Have you received any vaccine in the last 14 days?		
4. Have you ever had a positive test for COVID-19 before?		
5. Are you pregnant or breastfeeding?		

I have read / it has been read to me the information pertaining to this COVID-19 vaccine, its objective and the method of administration of the vaccine as provided in the information sheet. Upon signing this consent, I hereby understand that:

1. I may encounter any reaction(s)/side effect(s) as described after the vaccination;
2. I am responsible for any risks that may arise as a result of my decision in receiving the vaccine as I understand that its benefits outweigh its side effects;
3. I understand that the vaccine does not fully guarantee that I will not be infected with COVID-19 in the future;
4. I voluntarily agree to complete a total of two (2) doses of the vaccine as scheduled.

I (NAME), I.C No. / Passport No., **AGREE** and give my consent to receive the **CoronaVac® (Sinovac)** vaccine injection for myself / on behalf of my mother / father / dependant (NAME), I.C. No. / Passport No. to receive the **CoronaVac® (Sinovac)** vaccine injection.

(SIGNATURE OF PATIENT/REPRESENTATIVE)

NAME:

IC:

DATE:

(SIGNATURE OF WITNESS)

NAME:

IC:

DATE:

1 st dose	2 nd dose
Batch no.:	Batch no.:

APPENDIX 1

1. If the patient is suffering from any acute illness or having symptoms such as high-grade fever ($T \geq 38^{\circ}\text{C}$), cough, sore throat, vomiting or requires hospital admission prior to vaccination, please defer vaccination until the person recovers and advise patient to seek immediate medical care.
2. Low-grade fever ($T \leq 37.9^{\circ}\text{C}$) is not contraindicated to proceed for vaccination.

*Vaccination can be given once the **person recovers** from the acute illness and can perform his/her usual daily baseline activities is deemed clinically stable by the treating clinician.

3. If the patient has history of severe allergic reaction (e.g. anaphylaxis) causing generalized urticaria/hives, swelling of face/eyelids/lips (i.e. angioedema), throat tightness, difficulty in breathing, fainting or seizure that occurred within 4 hours to previous vaccine(s) or other medication(s), it is advisable for patient to get vaccination at **hospital setting** for close monitoring post injection.

***Contraindicated** to receive vaccine containing PEG (e.g. Pfizer) or polysorbate (e.g. AZ). Consider other types of COVID-19 vaccines **without PEG or polysorbate (e.g. Sinovac)**.

4. For patient who has received recent immunisation with any other vaccines, covid-19 vaccination is to be deferred or postponed for at least after **2 weeks**.
5. Persons who previously had COVID-19 (SARSCoV-2) infection belong to the priority group for vaccination. Vaccination should be deferred until the person has recovered from the acute illness (if symptomatic) and they have met criteria to discontinue isolation. However, current evidence suggests that natural infection with COVID-19 results in good protection against reinfection for at least **3 months**.

*To prioritise those with no immunity, it is recommended to defer the vaccination by **3 months** from onset of COVID-19 symptoms or date of COVID-19 results (in asymptomatic).

6. According to the product information of CoronaVac[®] (at the time of review), it is **not recommended** in **pregnant or breastfeeding** women.

References:

Clinical guidelines on COVID-19 vaccination in Malaysia (2021), 2nd Edition, Ministry of Health (MOH).