

Recipient information

Name of student: _____ Sex: _____ Date of birth: _____

Type of identity document: _____ No.: _____

School: _____ Class: _____ Student No.: _____

Name of parent/ legal guardian: _____ Telephone: _____

Vaccine and locationType and name of vaccine: mRNA COVID-19 vaccine (manufactured by BioNTech)

Location of vaccination: _____ (Please fill in the school or vaccination location)

Informed Consent to Vaccination Against COVID-19

1. Novel Coronavirus Pneumonia (COVID-19) is a highly infectious disease that can spread rapidly in homes, workplaces and public places. It can cause serious illnesses such as pneumonia and is reported to have a relatively high case fatality rate. Some patients have exhibited pulmonary fibrosis and other sequelae post-recovery.
2. A variety of COVID-19 vaccines have been launched for mass production and use around the world. Getting vaccinated against COVID-19 is the most effective way to prevent novel coronavirus pneumonia, and can effectively reduce the morbidity, severity and mortality of the disease. A certain extent of herd immunity can also be achieved to contain the transmission of the virus when most of the population become immunized.
3. The COVID-19 vaccines provided by the Health Bureau have been widely used around the world, with an excellent efficacy and safety record in the interim results of phase III clinical trials, and their known and potential benefits far outweighing the known and potential risks. However, due to the short development time of the COVID-19 vaccines, research on their long-term effects and safety is still ongoing. At present, the use of these vaccines are approved under emergency use authorization or conditional marketing authorization in most countries/ regions, including Macao.
4. At present, individuals aged 12 to below 18 years may only receive the mRNA COVID-19 vaccine (manufactured by BioNTech).
5. The most common side effects of COVID-19 vaccination are pain at the injection site, fatigue, headache, muscle pain, joint pain, chills and fever. Most side effects are mild to moderate in severity, and disappear on their own in a few days. According to current information, myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the lining outside the heart) may occur in rare cases after vaccination with the mRNA vaccine (manufactured by BioNTech). This usually occurs within 14 days after vaccination, more common among young male vaccinees or following receipt of the second dose. In most of these people, the symptoms are mild and can improve quickly after rest or medication. Vaccine recipients should rest well, drink plenty of water and avoid strenuous exercise a few days before and within one week after vaccination. If there is chest pain, heart palpitation, shortness of breath or difficulty breathing after vaccination, seek medical attention at once.
6. Like any other medicines or vaccines, serious allergic reactions may occur in extremely rare cases; therefore, individuals who had serious allergic reactions to any ingredient of the vaccine should not be vaccinated. All vaccine recipients should rest at the vaccination point for at least 30 minutes after receiving the vaccine; should there be any discomfort during or after the period, recipients should inform the health professionals on site immediately.
7. Individuals suffering from febrile diseases or other acute illnesses, as well as those in acute attack of chronic diseases should defer vaccination or consult a health professional for assessment before receiving the vaccine. Different vaccines are indicated for different age groups according to their clinical trial data. Please read the assessment questionnaire carefully and receive assessment from health professionals before taking the vaccine.
8. It takes 1-2 weeks after 2 doses of the same vaccine, which are generally given 4 weeks apart, to achieve the intended efficacy as the results of clinical trials. Except in special circumstances, the same vaccine should be used for both doses.
9. It must be noted that, like any other vaccines, COVID-19 vaccines are not 100% effective; protective measures must continue to be observed after vaccination.
10. Further details of various vaccines can be found on the respective information sheets. Consult health professionals if you have any questions.

Note: The COVID-19 vaccines in use have an excellent safety and efficacy record. Nevertheless, in order to better reassure the public, the MSAR Government has purchased insurance for every vaccine recipient aged below 86 years to provide cover for the recipients and their family members against total and permanent disability or death caused by the vaccine.

COVID-19 Pre-vaccination Assessment (for Students)

Assessment questions	Options	
1. Are you pregnant? (Question for girls only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you breastfeeding? (Question for girls only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you under treatment for malignant tumour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have diabetes that is not well controlled (blood glucose $\geq 10\text{mmol/L}$) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have hypertension that is not well controlled (blood pressure $\geq 160/100$)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have coronary disease that is not under stable control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you had a stroke in the last six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you had heart surgery in the last twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have unstable cardiovascular and cerebrovascular diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Are you in the recovery period after a major surgery ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Are you in poor general health? (Do you perceive your health status to be poor?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Ever had serious allergy to something?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Ever had serious reactions after receiving a vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Ever received a COVID-19 vaccine? (If yes, please continue with 14A; if no, please go to 15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14A. Ever received COVID-19 vaccine in Macao?(If yes, please continue with 14B; if no, please go to 14C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14B. How many dose(s) of COVID-19 vaccine have you received <u>in Macao</u> ? (Please proceed to 15 after completing this one) Vaccination date : _____ Type of vaccine : _____ Did you have an allergic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
14C. Ever received COVID-19 vaccine outside Macao? (If yes, please continue with 14D; if no, please proceed to 15)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14D. How many dose(s) of COVID-19 vaccine have you received <u>outside Macao</u> ? (Please continue with 15 after completing this one) Vaccination date : _____ Type of vaccine : _____ Did you have an allergic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2
15. Have you received any other vaccines (except COVID-19 vaccines) in the past 14 days? (If yes, please continue with 15A; if no, you have completed the assessment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15A. Places where you have received other vaccines (except COVID-19 vaccines) in the past 14 days. (Please continue with 15B and/or 15C as appropriate)	<input type="checkbox"/> In Macao	<input type="checkbox"/> Outside Macao
15B. Please provide the information of the vaccines you have received <u>in Macao</u> in the past 14 days (except COVID-19 vaccines). Vaccination date : _____ Type of vaccine : _____	-	-
15C. Please provide the information of the vaccines you have received <u>outside Macao</u> in the past 14 days (except COVID-19 vaccines). Vaccination date : _____ Type of vaccine : _____	-	-

I, _____ (Name of parent / legal guardian), father / mother / legal guardian of _____ (Name of student) of _____ (School) _____ (Class) _____ (Student no.), have carefully read the “Informed Consent to Vaccination Against COVID-19”, understand the benefits and risks of COVID-19 vaccination, and have truthfully completed the assessment form. I hereby give consent for the above-named student, who does not have relevant contraindications, to receive COVID-19 vaccination after being assessed as fit by the health professionals on site.

Signature of parent / legal guardian: _____

Date: _____

(I have signed as per the signature on my identification document, and agree to authorize the school to submit a copy of my identification document to the Health Bureau.)