

- Comirnaty (Pfizer)
- Comirnaty Original/Omicron (only booster)
- Spikevax (Moderna)
- Spikevax bivalent Original/Omicron (only booster)
- COVID-19 Vaccine Jansen (Jansen)
- Nuvaxovid (Novavax)

Payment done?

Informed consent with vaccination

FIRST NAME: LAST NAME: DATE OF BIRTH:

NATIONALITY: PHONE: E-MAIL:

ADDRESS IN CZECH REPUBLIC:

For the insured:

INSURANCE ID: INSURANCE COMPANY: VZP(111) OZP(207)
VOZP(201)
 ZPMV(211) ZPŠ(209) ČPZP (205) RBP(213)

For selfpayers:

PASSPORT NUMBER: PLACE OF BIRTH:

I confirm that I am to receive the: 1st dose / 2nd dose / 1st booster dose / 2nd booster dose

This document contains information that should help you understand the benefits and risks related to the vaccine administration.

The questionnaire found below will help us decide whether to proceed with or delay the administration of the vaccine. Please circle your answers.

- | | |
|--|--------|
| Are you feeling ill today? | YES NO |
| Has another type of vaccine against COVID-19 been administered to you? | YES NO |
| Have you been vaccinated in the last 2 weeks? (against diseases other than COVID-19) | YES NO |
| Have you ever had a severe allergic reaction to other vaccines, drugs or foods? | YES NO |
| Are you experiencing any intense symptoms of a chronic illness? | YES NO |
| Do you have bleeding disorders or take drugs that regulate blood coagulation? | YES NO |
| Do you have a severe immunity disorder? | YES NO |
| <u>For those vaccinated with the 1. or 2. dose:</u> | |
| Did you experience any difficulties after the previous dose's administration? | YES NO |
| <u>For females:</u> | |
| Are you pregnant/breastfeeding? | YES NO |

Means of application:

The vaccine will be injected into your muscle on your shoulder.

Unwanted side effects:

The vaccine may cause unwanted side effects. Should these side effects occur, they tend to be mild and short-lasting (several days at most).

- In more than 1 case out of 10 there is a chance of pain or stiffness at injection site, fatigue, headaches, joint and muscle pain, chills or fever
- In fewer than 1 case out of 10 there is a chance of swelling or redness at injection site, rash or nausea
- In fewer than 1 case out of 100 there is a chance of swollen lymph nodes, itchiness at injection site or dizziness
- There have been very few and rare cases of temporary facial nerve palsy, heart muscle inflammation and pericardium inflammation, these effects were reported mostly by younger males

In some rare cases people might experience an allergic reaction to the vaccine administered. The reaction symptoms include: itchy rash, breathing difficulties, swelling in the facial and/or tongue area. Should you experience such a reaction, immediately contact your physician or visit the emergency medical services.

What to do right after:

It is necessary to remain for at least 15 minutes at the vaccine administration center. If you had experienced any allergic reactions before with previous doses, the minimal duration is extended to 30 minutes. Please avoid any higher physical stress and alcohol consumption for at least 24 hours after vaccination.

By my signature below I hereby declare that I understand the given information and have taken it into consideration. I hereby give you freely my informed consent with the vaccination procedure mentioned above.

In Prague (date)

Signature
(Or legal guardian's signature)

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Informing doctor's signature