

## Informed consent to the administration of the COMIRNATY COVID-19 mRNA Vaccine against COVID-19 disease

Insured: ..... Born: .....  
Title Name SurnameBirth certificate number / Code of insurance provider:  
(insured's number): .....

Address: .....

Telephone contact: ..... Email: .....

Legal representative: ..... Relationship: .....  
Title Name Surname (e.g. mother, father, guardian, etc.)Born: ..... Address: .....  
(if different from the insured's address)**Mandatory information for clients who speak a foreign language**

State whether you have allergies: no/yes .....

Are you using blood thinners: yes/no .....

COVID 19 illness: no yes (date of positive test):.....

Dominant arm: left/right

Dear Madam, Dear Sir, Legal Guardian, Caretaker,

With your consent, you will be given the COVID-19 vaccine.

**Importance and benefits of vaccination against COVID-19:**

The vaccine should prevent you, your child or ward from developing COVID-19 disease caused by the SARS-CoV-2 virus. The vaccine triggers the natural production of antibodies and stimulates your immune cells to protect you against COVID-19.

**Information on vaccination against COVID-19:**

To get the full effect, it is necessary to undergo a vaccination with 2 doses (basic scheme). The second dose will be administered 21 days after the first dose. A postponement of the 2nd dose is possible but the person will not be fully protected until 14 days after completion of the basic schedule. In case of the 3rd dose, this is a booster dose, called a booster vaccination. The only condition for the administration of the 3rd dose is an interval of 5 months from the 2nd dose in the specified age groups; in the case of patients at risk, a different interval may be indicated by the treating physician.

To achieve the full effect of vaccination, it is very important that all recommended doses are administered. The dates of administration will be communicated to you by your doctor at the relevant Vaccination Centre outpatient clinic.

**Method of administering the vaccine:**

The vaccine is injected into the deltoid muscle of the upper arm. The injections and method used are similar to those for other types of vaccination.

**Length of protection after vaccination:**

Based on the current state of scientific knowledge, it is not yet possible to determine exactly the degree and duration of protection after vaccination. This information will be refined in the years following the introduction of the vaccine.

Protection against the Covid-19 disease may not be sufficient within 14 days after the second dose of vaccine. Until then, it is necessary to act in accordance with the recommended hygienic-epidemiological procedures to protect your health and the health of others. The third dose is called a booster, it provides longer term protection.

**Vaccination efficiency:**

The Comirnata vaccine has been shown to be approximately 95% effective in clinical trials. As with other vaccines, the COVID-19 vaccine may not fully protect all vaccinated people.

**For whom is vaccination recommended:**

Persons (including children) aged 5 years and older can be vaccinated. Persons who have had covid-19 disease may also be vaccinated. In the case of a history of Covid-19 disease, the start of vaccination may be delayed by 3-6 months. The maximum protection after the disease is 180 days.

A slight fever or a mild upper respiratory tract infection, such as a cold, are not a reason to delay vaccination.

**Pregnant women and nursing mothers:**

The vaccine can be administered to women throughout pregnancy, but a consultation with the registering gynaecologist is always necessary. The vaccine can also be administered to breastfeeding mothers; the vaccine protects the breastfed baby at the same time.

**History of allergic reactions:**



Insured: .....

Birth number: .....

Vaccination should be carefully considered in people who have had a severe allergic reaction (anaphylaxis) to any vaccine in the past.

Recommendations before vaccination

**It is always advisable to consult with your general practitioner or treating physician if you intend to vaccinate yourself against Covid-19 in the following cases:**

- You have had a severe allergic reaction to another vaccine, medicine or food,
- You have a weakened immune system due to an illness or you are taking medicines that have an adverse affect on your immune system; you now have an acute infection, fever or other serious acute illness,
- You have bleeding problems, you bruise easily or you are taking medicines that reduce blood clotting,
- You think you may be pregnant or you are planning to become pregnant.

If, after consulting your GP, you have doubts about the suitability of vaccination due to your specific situation (e.g. rare disease, rare combination of illness or disability, etc.), do not hesitate to consult your specialist. Before the vaccination, inform the vaccinating doctor about the above.

**Please note: For children aged 5 to 11 years, we always require a duly completed and signed Child and Adolescent Vaccination History Questionnaire from the registering GP.**

**It is always advisable to consult a vaccination plan against Covid-19 disease with a vaccination centre doctor if:**

- you have a serious medical condition or other specific situation that you consulted with your GP or specialist before vaccination,
- you have had problems after receiving the first dose of COVID-19 vaccine, such as an allergic reaction or other serious side effect.

If you have any further questions about the vaccine or vaccination, ask the vaccinating doctor.

Safety of receiving the vaccine and possible side effects of vaccination:

**The vaccine does not contain the virus itself and cannot cause COVID-19.**

Immediate reactions after vaccination:

A severe allergic reaction after vaccination (anaphylaxis) is extremely rare and can occur after any vaccination. Some people may have an allergic reaction after receiving the vaccine, which may include an itchy rash, difficulty breathing, and swelling of the face or tongue. If you experience such an allergic reaction, contact your vaccine centre doctor immediately. Without the timely help of a doctor, injury to your health may occur, and in exceptional cases, the patient's life may be endangered. In such a case, you will be advised to remain at the location of the vaccination for 30 minutes after receiving the vaccine.

Later reactions to the vaccine:

The vaccine may cause side effects. If they do occur, they are usually mild and go away in a few days.

- More than one in ten people vaccinated may experience pain or swelling at the injection site, tiredness, headache, muscle or joint pain, chills or fever.
- Less than one in ten people vaccinated may experience redness at the injection site or nausea.
- Less than one in a hundred people vaccinated may experience lymph node enlargement or malaise or other side effects.

Recommendations after vaccination:

**Immediately after receiving the vaccine:**

After the vaccine is administered, the careful monitoring of your medical condition is usually recommended for a period of 30 minutes at the vaccination site. Avoid significant physical exertion two days after vaccination.

**Later after receiving the vaccine:**

If the vaccinated person experiences any of the adverse reactions after vaccination, inform the vaccination centre doctor.

Declaration of the vaccinated person:

I declare that:

- o I have no symptoms of a more serious infectious disease (such as cough, runny nose, fever, etc.)
- o nor am I subject to any quarantine measures in relation to COVID-19,
- o I do not know of any other reason that would prevent me receiving the vaccine (e.g. pregnancy, severe allergic reaction after vaccination, breathing problems after any other injection),
- o nor have I had severe bleeding symptoms in the past.

I declare that I have been clearly informed of all the above facts and have had the opportunity to ask additional questions. Based on the information provided and after my own consideration, **I agree to take the vaccine.**

In order to send an electronic certificate of having been given the COMIRNATA COVID-19 mRNA Vaccine against COVID-19 disease, I agree to the transfer of my contact details to the IHIS-ISIN register.

You can download the vaccination certificate at any time from the app: <https://ocko.uzis.cz/>

**If unreadable data is filled in, the certificate cannot be sent!**

Date of signature: .....

Signature of the vaccinated person (legal representative, caretaker): .....

Vaccination centre stamp and signature: