



KEMENTERIAN KESIHATAN MALAYSIA

Table No & Name of Vaccinator: _____

Vaccine Box Number: _____

Scanned Vaccine QR Code

Discharge Time: _____

Vaccination Completion Time: _____

To scan manually at Station 5

COVID-19 VACCINATION CONSENT FORM

The COVID-19 vaccine is provided to control the spread of COVID-19 in the country. As the number of those vaccinated increase, so too will the number of those who develop antibodies which will lessen the probability of a more severe illness from COVID-19. Indirectly, we can protect those at risk who are ineligible to receive vaccine injections.

The COVID-19 injection vaccines will be administered in either one (1) or two (2) doses according to the type of vaccine. The injection is generally administered into the shoulder muscle except in certain circumstances. The type of vaccine that would be provided is subject to the current vaccine supply.

The Special Committee Meeting of the National Muzakarah Committee Meeting Council on Islamic Religious Affairs Malaysia that was held on 3 December 2020 decided that COVID-19 vaccines are permissible and mandatory for those determined by the Government.

Receiving COVID-19 vaccines may result in mild side-effects and other side-effects that may be reported from time-to-time.

MEDICAL HISTORY

Have/Are you:

- a. Experienced severe side-effects (such as seizure, fainting spells, and hospital admission) after obtaining any previous vaccination(s)? YES NO
- b. Ever had a history of severe allergy? YES NO
- c. Pregnant or planning to conceive? (for women) YES NO
- d. Currently breastfeeding? (for women) YES NO

I have read/it has been read to me the information regarding COVID-19 vaccine, its purpose and the method of administration of the vaccine as provided in the COVID-19 Information Sheet for Vaccine Recipient.

I hereby understand that:

- 1. Receiving the COVID-19 vaccines may cause reactions and side-effects as stated in the vaccine information;
- 2. I am responsible for any risks that may arise as a result of my decision/action in receiving the vaccine as the benefits of the vaccine outweigh its side-effects;
- 3. The vaccine does not fully guarantee that I will not be infected with COVID-19 in the future;
- 4. By signing this consent to receive the COVID-19 vaccine, I voluntarily agree to complete the number of vaccine doses as scheduled.

Please complete the consent below (whichever applicable):

- I, I.C No/Police/Military.....
***AGREE / DISAGREE** to receive the COVID-19 Vaccine injectionfor ***myself**.
- I, I.C No/Police/Military.....
***AGREE / DISAGREE** to receive the COVID-19 Vaccine injection for ***my parents / *dependants** named..... I.C No/Police/Military

Recipient / next-of-kin signature

Name :
I.C. Number :
Date :

Witness signature

Name :
I.C. Number :
Date :

*~~strikethrough irrelevant content~~

Important note: For further information on the COVID-19 Vaccine, please refer to COVID-19 Information Sheet for Vaccine Recipients.

THANK YOU FOR YOUR KIND COOPERATION. PLEASE RETURN THIS FORM TO THE HOSPITAL.