广东省新型冠状病毒疫苗接种知情同意书

**受种者姓名： 性别： 出生日期： 年 月 日**

**【疾病简介】**新型冠状病毒肺炎（新冠肺炎，COVID-19）为新发急性呼吸道传染病。临床主要表现是发热、干咳、乏力，少数患者伴有鼻塞、流涕、咽痛、结膜炎、肌痛和腹泻等症状。多数患者预后良好，少数患者病情危重。随着疫情的蔓延，对全球公众健康构成严重威胁。根据当前新冠肺炎防控需要，为适龄人群开展新型冠状病毒疫苗接种。

**【疫苗作用】**接种本品可刺激机体产生抗新型冠状病毒的免疫力，用于预防新型冠状病毒引起的疾病。

**【接种禁忌】**疫苗接种禁忌参照产品说明书。通常接种疫苗的禁忌包括：（1）对疫苗或疫苗成分过敏者；（2）患急性疾病者；（3）处于慢性疾病的急性发作期者；（4）正在发热者；（5）妊娠期妇女。

**【不良反应】**接种疫苗后发生局部不良反应以接种部位疼痛为主，还包括局部瘙痒、肿胀、硬结和红晕等，全身不良反应以疲劳乏力为主，还包括发热、肌肉痛、头痛、咳嗽、腹泻、恶心、厌食和过敏等。

**【注意事项】**接种后留观30分钟；如接种后出现不适应及时就医，并报告接种单位。与其他疫苗一样，接种本疫苗可能无法对所有受种者产生100%的保护效果。以上内容可详见疫苗说明书。

**【异常反应补偿】**如经调查诊断或鉴定，结论为异常反应或不能排除，按有关规定进行补偿。

请您认真阅读以上内容，**如实提供受种者的健康状况和是否有接种禁忌等情况**。如有疑问请咨询医疗卫生人员。

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| 本人已了解疫苗的品种、作用、禁忌、不良反应以及现场留观等注意事项，并如实提供健康状况和是否有接种禁忌等情况。  监护人/受种者（签名）： 日期： 年 月 日  监护人与受种者的关系：○母亲 ○父亲 ○其他(请注明)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  医疗卫生人员（签名）： 日期： 年 月 日 |

**为了保证安全有效地接种，医护人员将询问以下健康信息并提出医学建议。**

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| 发热、各种急性疾病、慢性疾病急性发作期  对疫苗或疫苗成分过敏，既往发生过疫苗严重过敏反应  未控制的癫痫、脑病、其他进行性神经系统疾病  妊娠期妇女  严重慢性疾病\* | **○是 ○否**  **○是 ○否**  **○是 ○否**  **○是 ○否**  **○是 ○否** |

\* 号表示本疫苗接种慎用情况

**医学建议：您此次新型冠状病毒灭活疫苗接种 ○建议接种 ○推迟接种 ○不宜接种**

医护人员： 日期：\_\_\_\_\_\_年\_\_\_\_月\_\_\_\_日

联系电话： 接种单位(盖章)：

**本人已接受健康询问，同意医学建议。**

受种者/监护人： 日期：\_\_\_\_\_\_年\_\_\_\_月\_\_\_\_日

Informed Consent for COVID-19 Vaccination in Guangdong

Name of Recipient: Gender: Date of Birth: (yyyy/mm/dd)

**[Brief Overview]**

Coronavirus Disease 2019 (COVID-19) is an emerging and acute respiratory infectious disease. Its clinical manifestations mainly include fever, dry cough and fatigue. A few patients may suffer from congestion, runny nose, sore throat, conjunctivitis, muscle aches or diarrhea among other symptoms. A majority of patients present a good prognosis while few may be in critical condition. As the pandemic spreads globally, COVID-19 has posed a serious threat to public health. In a bid to strengthen COVID-19 prevention and control, COVID-19 vaccination is currently available for age-appropriate population groups.

**[Vaccine Efficacy]**

This vaccine could engage the body’s immune response against COVID-19 and thus could be used to prevent diseases caused by COVID-19.

**[Contraindications]**

Please refer to the vaccine product instructions for specific information of contraindications. The following groups are usually not included in the eligibility range for the vaccine:

1. Individuals with allergies to the vaccine or any ingredients of the vaccine;
2. Individuals who are suffering from acute diseases;
3. Individuals who are suffering from acute phases of chronic illnesses;
4. Individuals with a fever;
5. Women during pregnancy.

**[Adverse Reactions]**

After the vaccination, injection site reactions mainly include injection site pain, while some might have injection site itching, swelling, hardness or redness, etc.; systemic reactions mainly include fatigue/weakness, while some might have fever, muscle pain, headache, cough, diarrhea, nausea, anorexia or allergic reactions.

**[Notice]**

The recipients shall stay at the observation area of the vaccination for 30 minutes after being inoculated. If anyadverse reaction occurs, please timely seek medical advice and report to the vaccination site. Please kindly be noted that this vaccine, like others, might not guarantee 100% protection to all recipients. Please refer to the vaccine product instructions for specific details.

**[Adverse Events Following Immunization (AEFI) Compensation]**

If vaccine-associated adverse events are diagnosed, or the possibility of such adverse events cannot be excluded after diagnosis or medical evaluation, compensation will be provided according to applicable guidelines.

Please read the above Informed Consent and **faithfully provide health and contraindication information of the recipient**. Please consult medical or healthcare staff when any questions arise.

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| I have fully understood the type, efficacy, contraindications, adverse reactions and the notice of staying on site for at least 30 minutes after being inoculated, etc. I will provide the medical practitioner with faithful information about my health conditions and about whether or not I have contraindications to the vaccination.  Guardian/Recipient (Signature): Date: (yyyy/mm/dd)  The relationship between the guardian and the recipient:  ○Mother ○Father ○Others (Please state here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Medical Practitioner (Signature): Date: (yyyy/mm/dd) |

In order to ensure the safety and efficacy of the vaccination, the medical practitioners will enquire about the following information and provide medical advice accordingly.

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| --- | --- |
| Are you suffering from a fever, any acute diseases or acute phases of any chronic illnesses?  Are you allergic to the vaccine or any ingredients of the vaccine, or have you had any severe allergic reactions to any vaccines before?  Are you having any unmanaged epilepsy, encephalopathy or other progressive neurological diseases?  Are you pregnant?  Are you suffering from any chronic diseases?\* | **○Yes ○No**  **○Yes ○No**  **○Yes ○No**  **○Yes ○No**  **○Yes ○No** |

**\* shows that vaccination should be prudently assessed if you have this condition.**

**Medical Advice: The vaccination is ○recommended ○recommended to delay ○not recommended to the recipient.**

Medical Practitioner: Date: (yyyy/mm/dd)

Tel: Institution (Stamp):

**I have been enquired about my health information and I accept the medical advice.**

Recipient/Guardian: Date: (yyyy/mm/dd)