



Recipient information

Name in Chinese: _____ Name in English/ Portuguese: _____

Date of birth: _____ Sex: _____

Type of identity document: _____ Document No.: _____

Vaccination and location

Type and name of vaccine (This is a required field and you can only choose one):

Inactivated vaccine (Sinopharm BIBP); mRNA vaccine (BioNTech)

Location of vaccination: _____

Informed Consent to Vaccination Against COVID-19

1. Novel Coronavirus Infection (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. Some patients have exhibited pulmonary fibrosis and other sequelae post-recovery.
2. A variety of COVID-19 vaccines have been in mass production and use around the world. Getting vaccinated against COVID-19 is the most effective way to prevent novel coronavirus infection, 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 outweigh the known and potential risks.
4. 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.
5. 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.
6. 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. The applicable ages of existing vaccines are tentatively set as follows:
 - Inactivated vaccine (Sinopharm BIBP): ≥ 3 years of age;
 - mRNA vaccine (BioNTech): ≥ 6 months of age.
7. The intended efficacy as identified by clinical trials can only be achieved after administration of at least 2 doses of the primary series, which are generally given 4 weeks apart. For individuals who begin their primary series with the mRNA (BioNTech) formulation for age 6 months to 4 years, a 3-dose primary series is recommended. Generally, an interval of 8 weeks between doses should be observed; however, for moderately or severely immunocompromised individuals, the first and second doses are separated by 3 weeks. Except in special circumstances, all doses in the primary series should be of the same technology approach (same vaccine type).
8. Persons aged 5 years or above who are moderately or severely immunocompromised may receive a third dose (as additional dose) 28 days after their second dose, in order to be considered as having completed the primary vaccination series.
9. People 60 years old or above, people 12 years old or above with moderate or severe immunosuppression, and people aged between 18 and 59 who stay in elderly or rehabilitation residential homes are recommended to receive the first booster dose three months (no less than 12 weeks) after completion of their primary series, and then receive a second booster dose 3 months (no less than 12 weeks) after administration of the first booster dose. For other persons aged 18 to 59 years who have completed the primary vaccination series, it is recommended to inoculate the first booster after 6 months (not less than 24 weeks), and inoculate the second booster dose 6 months (not less than 24 weeks) after the first booster.
10. For persons aged 5 to 17 years, the third dose (the first booster dose) can be inoculated 6 months (not less than 24 weeks) after completing the primary vaccination series, with vaccine options limited to mRNA vaccine (BioNTech).
11. The bivalent mRNA vaccine is available for vaccination by persons aged 12 years and older as a booster dose; however, according to the availability of vaccines, the Health Bureau may determine the provision of booster dose type of mRNA vaccines.
12. 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.
13. 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 eligible vaccine recipients to provide cover for the recipients and their family members against total and permanent disability or death caused by the COVID-19 vaccines provided under the “Macao SAR Special Immunization Programme”.

COVID-19 Pre-vaccination Assessment

Assessment questions		Options					
1.	Currently under chemotherapy, systemic radiation therapy or immunotherapy for malignant tumour or other diseases?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
2.	Hypertension is not well controlled (blood pressure often exceeds 180/110mmHg)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
3.	Have heart disease that is not controlled?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
4.	Currently receiving immunosuppressive therapy such as steroids or biological agents, or suffering from diabetes that is not well controlled, liver and kidney diseases or other immunosuppressive diseases ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
5.	Have epilepsy that is not controlled?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
6.	Have systemic autoimmune diseases, autoimmune diseases of the nervous system, or a history of such diseases?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
7.	Have or have had a bleeding disorder or thrombotic disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
8.	Have had COVID-19 before or have recently received immunoglobulin therapy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
9.	Being in poor general health? (Vaccination is not recommended for people with expected survival time <3 months or currently under palliative care.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
10.	Have other severe diseases that are not well controlled?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
11.	Are you pregnant? (For females only)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
12.	Are you breastfeeding? (All breastfeeding women can be immunized with mRNA vaccines, while population at risk may receive either inactivated vaccines or mRNA vaccines. Presently, all people staying in public places are considered as population at risk.) (For females only)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
13.	Ever had severe allergy to a substance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
14.	Ever had serious allergy after receiving a vaccine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
15.	Ever received a COVID-19 vaccine? (If no, please go to 16)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	15A. Ever received COVID-19 vaccine in Macao? (If yes, please continue with 15A.1 and 15A.2; if no, please go to 15B)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	15A.1 <u>In Macao</u> , how many dose(s) of COVID-19 vaccine have you received?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
	15A.2 Did you have an allergic reaction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	15B. Ever received COVID-19 vaccine outside Macao? (If yes, please continue with 15B.1; if no, please go to 16)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
	15B.1. Outside Macao, how many dose(s) of COVID-19 vaccine have you received?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3
1 st dose	Vaccination date : _____ Type of vaccine : _____ Had an allergic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd dose	Vaccination date : _____ Type of vaccine : _____ Had an allergic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd dose	Vaccination date : _____ Type of vaccine : _____ Had an allergic reaction: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>For vaccine recipients under 18 years old or incapacitated:</p> <p>I, _____ (Name of parent/ legal guardian of recipient ^{Note}), parent/ legal guardian of _____ (Name of recipient), 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. As the above-named recipient does not have any of the conditions listed above, I hereby consent to the administration of COVID-19 vaccine to the above-named recipient after he/she is assessed as fit for vaccination by the health professionals on site.</p> <p>Signature (by parent/ legal guardian of recipient under 18 or incapacitated): _____ (Sign as on ID)</p> <p>Date: _____</p> <p>Note: For vaccine recipients under the age of 18 or incapacitated, this form should be signed by their parent/ legal guardian. A copy of the parent’s / legal guardian’s identification document must be attached if the recipient is not accompanied by the parent/ legal guardian for vaccination, whereas those accompanied are only required to present the original identification document of the parent/ legal guardian and that of the recipient.</p>			<p>For vaccine recipients aged 18 years or above and with capacity:</p> <p>I, _____ (Name of recipient), 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. Without any of the conditions listed above, I hereby consent to the administration of COVID-19 vaccine to me after being assessed as fit for vaccination by the health professionals on site.</p> <p>Signature: _____ (Sign as on ID)</p> <p>Date: _____</p>				