

## Survey and consent form for COVID-19 vaccination services for students (Gr.7-12)

Name-Surname(student)\_\_\_\_\_ Age\_\_\_\_\_ D.O.B(D/M/Y)\_\_\_\_\_  
Identification number/Passport number\_\_\_\_\_ Nationality\_\_\_\_\_  
Name of educational institution\_\_\_\_\_ Grade\_\_\_\_\_ Homeroom\_\_\_\_\_  
Address\_\_\_\_\_ Moo\_\_\_\_\_ Road\_\_\_\_\_  
Sub-disttict\_\_\_\_\_ Disctict\_\_\_\_\_ Province\_\_\_\_\_  
Mobile number (student)\_\_\_\_\_

### Part 1: Things you should know about the COVID-19 vaccine

Vaccines are highly effective in preventing illness from COVID-19 and can help reduce the severity of the disease. Vaccines may prevent mild or asymptomatic disease. People who have been vaccinated may still be infected with the 2019 coronavirus. Therefore, it is necessary to follow the recommendations and other measures according to the Coronavirus Disease 2019 Epidemic Administrative Center, the Provincial Communicable Disease Committee and the Ministry of Public Health, such as wearing a mask, social distancing, washing hands regularly, registering when entering the venue, etc.

For the COVID-19 vaccine registered in Thailand to be injected in persons aged 12 years and over at present (9 September 2021), including Pfizer Vaccine (Comirnaty). It is a mRNA vaccine that is administered in two doses, 3 - 4 weeks apart. There may be some side effects as in other vaccines and medications, such as fever, chills, pain, swelling, redness at the injection site, headache, muscle aches, joint pain, fatigue, nausea, vomiting, swollen underarm glands, etc. From the use of this vaccine abroad, some Myocardial infarction or pericarditis has been reported, but very rarely. Most of these were found in young males within 14 days of vaccination. Indications such as chest pain, shortness of breath or palpitations, if symptoms are severe after vaccination, please see a doctor at a medical facility immediately.

### Part 2: Parental consent for children to receive the COVID-19 vaccine

Name - Surname (Parent)\_\_\_\_\_ Phone Number (Parent)\_\_\_\_\_

I am the parent/guardian of\_\_\_\_\_ Relationship\_\_\_\_\_

I have been informed and understood the COVID-19 vaccine and possible vaccine adverse reactions.

Allow my children Vaccination against COVID-19 with the aim of vaccinating Pfizer Vaccine voluntarily

Do not give consent. For this reason\_\_\_\_\_

and I certify that the information is true.

Signature\_\_\_\_\_ (Parent/Guardian)

(.....)

Date...../...../.....

**Note: Please bring this document to the medical team on vaccination day.**

### Screening form before receiving the COVID-19 vaccination service for students (Gr.7-12)

Instructions for parents, please fill out the information by ticking  in the  according to the truth. Medical Professionals will consider whether the student can be vaccinated.

1	Student is <b>under 12</b> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	The student has a history of allergy to the COVID-19 vaccine or any component of the COVID-19 vaccine, or a severe reaction to a previous injection. (Consider giving another COVID-19 vaccine instead)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	A student has been diagnosed with COVID-19 <b>within the previous month.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	The student has a severe congenital disease that remains unstable. Uncontrollable symptoms of disease, such as heart disease, neurological diseases, and other recently onset diseases Unless a regular physician has assessed that the vaccine can be administered. (People with these congenital diseases must consult a Doctor before vaccinating and provide a certificate from the Doctor stating the student can receive the vaccine).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Pregnant students with a gestational age of less than 12 weeks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	The student has an illness that requires hospitalization or has just been discharged from the hospital for not more than 14 days (unless the doctor commented that it can be vaccinated)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	The student is experiencing any ailments (preferably to be healed first).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Has the student received any vaccinations before during the 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Students are very worried about getting the COVID-19 vaccine. (Please consult a doctor or medical personnel to understand and alleviate concerns before getting the COVID-19 vaccine)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the above information is true.

Signature.....(Parent/Guardian)

(.....)

Date...../...../.....

**Note: Please bring this document to the medical team on site on vaccination day**