

CONSENT FORM

Consent to participate in using COVID-19 Vaccine under Emergency Use Authorization in UAE

(Copy of this form will be kept in the patient's medical record file)

Statement of Participant

I have fully read the COVID-19 vaccine information leaflet. As a result, I am aware of the risks and benefits of the COVID-19 vaccine and received verbal explanation about the use of COVID-19 vaccine (SARS-CoV-2 vaccine (Vero cell), Inactivated, which is authorized for limited use in UAE.

By signing this consent I hereby acknowledge that:

1. All my questions has been answered to my satisfaction.
2. I understand that my participation is voluntary and that I am aware that the effectiveness of vaccination is not completed with the first dose only. And I acknowledge that I will commit to attend and take the second dose of vaccination in order to achieve the benefit of the vaccination program.
3. I understand that the use of this vaccine might cause some side effects, ranging from some common reactions like pain, tenderness, redness, induration and pruritus at the vaccination site to systemic reactions such as fever, headache, fatigue, nausea, vomiting, diarrhea, cough, allergy, muscle pain, arthralgia, lethargy and convulsion, which may occur in some patients. Generally, the mild symptoms subsides without treatment. If experienced moderate to severe symptoms, then symptomatic treatment under the guidance of doctors is required.
4. I understand that a copy of this consent will be provided to me and this information will be kept confidential.
5. I understand that the vaccine is not registered yet and got limited authorization for use as it is still under the final stage phase 3 of clinical trial and the efficacy and safety of the vaccine is yet to be confirmed.
6. I understand that signing this form does not waive any of my medical and legal rights.
7. I understand that my participation in the National Vaccination program for the Covid19- vaccine will not protect me against Covid19- virus. On the other hand, even if my immunity boosted, it will only protect me but not others. Therefore, if I do not continue with taking all preventive measurements, I might be a mean of transmitting the infection to others.
8. Vaccination, related health services, and treatment of side effects will be covered by the government of Abu Dhabi.

For reporting any Adverse Events, please contact

Hotline No: 02 819 1111



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This vaccine will be administered by a healthcare professional in accordance with the emergency use authorization made in accordance with the United Arab Emirates laws and regulations

By signing below, I agree to take the COVID-19 Vaccine.

Consenting Party

Name: _____ Signature: _____ Date: _____

Translator

Name: _____ Signature: _____ Date: _____

Statement of Person Conducting Informed Consent Discussion

I have discussed the information contained in this document with the participant and it is my opinion that the participant understands the risks and benefits

Person Obtaining Consent

Name: _____ Signature: _____ Date: _____



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