

INFORMED CONSENT TO THE APPLICATION OF A BOOSTER DOSE AGAINST COVID-19



name and surname



date of birth

personal identification no.



passport no.

phone



address

health insurance co.



e-mail

Dear Madam/Sir,

If you agree, you will be given the COVID-19 vaccine.

Importance and benefits of vaccination against COVID-19

WHILE THE LENGTH OF PROTECTION AFTER IMMUNIZATION VARIES FROM PERSON TO PERSON, none of us can predict with certainty how long we will be maximally protected against COVID-19 and its variants. As soon as it is possible for a given group of people, the use of vaccination is the best thing we can do against COVID-19.

What vaccine is used for vaccination?

Comirnaty LP.8.1.

Method of application of the vaccine

The vaccine will be injected into your shoulder muscle.

Recommendations before vaccination

Recommendation to consult a general practitioner about the intention to vaccinate against COVID-19 if

- ☐ you have had a severe allergic reaction to another vaccination, medicine or food,
- ☐ you have a weakened immune system as a result of a disease or are taking medication that negatively affects the immune system,
- ☐ you have bleeding problems, bruise easily or take medicines that reduce blood clotting,
- ☐ you now have an acute infection, fever or other serious acute illness,
- ☐ you think you may be pregnant or planning to become pregnant.

If, after consulting your GP, you have any doubts about the appropriateness of the vaccination due to your specific situation (e.g. rare disease, rare combination of diseases or disabilities, etc.), do not hesitate to consult your specialist physician. Please inform the vaccinating physician about the above before vaccination.

Recommendation to consult a vaccination plan against COVID-19 with the vaccinating physician if

- ☐ you have a serious medical condition or other specific situation that you have consulted with your GP or specialist physician about prior to vaccination
- ☐ you had problems after receiving your first dose of COVID-19 vaccine, such as an allergic reaction or other serious adverse reaction.



If you have any further questions about the vaccine or the vaccination,
ask your vaccinating physician.

Immediate reaction after vaccination

A severe allergic reaction after vaccination (anaphylaxis) is extremely rare and can occur after any vaccination. Some people may have an allergic reaction after receiving the vaccine, which may manifest as an itchy rash, breathing problems, swelling of the face or tongue. If you experience such an allergic reaction, contact the vaccinating physician immediately. Without timely medical attention, the patient may suffer harm to his/her health and, in exceptional cases, his/her life may be in danger. For this reason, you will be advised to stay in the vaccination site for 15 minutes after the vaccination.

Later reactions to vaccination

The vaccine may cause side effects. If they occur, they are usually mild and go away within a few days.

- More than one in ten vaccinated people may experience pain or swelling at the injection site, fatigue, headache, muscle or joint pain, chills or fever.
- Less than one in ten vaccinated people may experience redness at the injection site or a feeling of vomiting.
- Less than one in a hundred vaccinated people may experience lymph node enlargement or malaise or other side effects.

Recommendations after vaccination

Immediately after vaccine administration:

After the vaccine has been administered, it is recommended that your condition is closely monitored, usually for 15 minutes, at the place where the vaccinations are administered. Avoid significant physical exertion for two days after vaccination.

Later after the vaccine is administered:

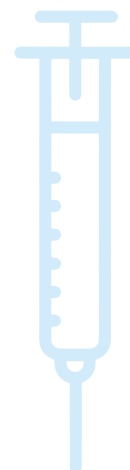
If you experience any side effects after the vaccination, inform your GP.

Declaration of the vaccinated person

I declare that

- I have no signs of a serious infectious disease (such as cough, cold, fever, etc.),
- I am not subject to any quarantine measures in relation to COVID-19
- I know of no other reason that would prevent me from receiving the vaccine
- I haven't had a major allergic reaction or major bleeding in the past.
- I haven't had any other vaccination in the past two weeks.

I declare that I have been clearly informed of all the above facts and have had the opportunity to ask additional questions. On the basis of the information provided and after my own consideration, I agree to the administration of the vaccine.



Signature of the vaccinated person (legal representative)

Prague, dated

signature of the vaccinated person

stamp and signature of the vaccinating
physician