

**Please bring a signed copy of this consent form.**

**COVID-19 Vaccination Questionnaire: Complete the form for each vaccine.**

Student's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Co-Win Registration Number: \_\_\_\_\_

**As your vaccinator does not always have access to your medical details, please answer the following questions to ensure it is safe for you to have your vaccination.**

**Questions:**

	YES	NO
1. Are you well today?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had been diagnosed with COVID-19 in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you had any other vaccinations in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a severe allergic reaction or anaphylaxis?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you suffer from a bleeding disorder or take any type of anticoagulant (blood thinner)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you suffer from any condition, or take any medication or treatment, that may affect your immune system (eg. cancer, cancer treatments, high dose steroids, etc)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you taking any regular medication?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a COVID-19 vaccination in the last 28 days?	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the above declarations are true.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

**PARENT / GUARDIAN CONSENT FORM FOR MINOR TO RECEIVE COVID-19 VACCINE**

I, ....., being the parent / guardian / authorised representative authorized to consent for Covid-19 vaccination for the minor child listed below, hereby give my informed consent and permit authorized medical team of Bidhannagar Municipal Corporation (BMC ) to administer the COVID – 19 vaccine to my child.

I understand that following the delivery of the vaccine, BMC will observe my child for a 30-minute period to monitor for an adverse reaction if the minor is unaccompanied. In case of a reaction, the attendant (parent /guardians/authorised representative) shall be responsible to arrange medical care of the minor.

I fully understand that this is a voluntary service as part of its community service initiative and I will not hold the school responsible for any eventuality of any adverse event following vaccination.

I further acknowledge that this consent may be verified either in person or verbally over telephone before the vaccine is administered if there are queries.

I understand that my child will receive a COVID -19 vaccine approved under India’s National COVID-19 Vaccination Program.

I understand the benefits and risks of vaccination and I give permission for my child to be vaccinated.

Details:

- ❖ Name of Minor receiving vaccine: .....
- ❖ Name of School: .....
- ❖ Name of Parent / Guardian / Authorised Representative: .....
- ❖ Contact No. of Parent / Guardian / Authorised Representative: .....

Signature of Parent / Guardian / Authorised Representative: .....

Date: .....