Letter of Consent and Authorisation for COVID-19 Vaccination

1 I, _____, _____, am the parent/legal guardian[1] of _____, _____.
(Name) *(Passport Number)* *(Name of Child)* *(birth cert/identification no.)*

2 I refer to the Ministry of Education's announcement dated 31 May 2021 regarding the administration of COVID-19 vaccine for children in Singapore, and the Annex providing information on the COVID-19 vaccine.

3 I consent for my child/ward to receive both doses of the COVID-19 vaccine in Singapore. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have completed and signed a copy of the MOH Pfizer-BioNTech COVID-19 Vaccination Form 1, as attached.

4 I also hereby authorise _____, _____,
(Name of Local Proxy) *(Last 4 digits of Proxy NRIC)*
(H/P: +65_____), to arrange for my child/ward's COVID-19 vaccination
(Proxy's Local Contact No.)
appointment on my behalf.

Yours Sincerely,

_____ _____

Signature of Parent/Legal Guardian Date

[1]Delete as appropriate

MOH PFIZER-BIONTECH COVID-19 VACCINATION FORM - FORM 1
TO BE COMPLETED BY PATIENT (please approach our staff if you need help)

PART A: PERSONAL PARTICULARS *Queue* *Registration*

NAME (BLOCK LETTERS):	NRIC No./Foreign Identification No.(FIN):

Gender:	Date of Birth (dd/mm/yyyy):	Age:	Ethnic Group:		Residential Status:	
☐ Male ☐ Female			☐ Chinese ☐ Malay	☐ Indian ☐ Others	☐ Citizen ☐ Permanent Resident	☐ Long term ☐ Other

Address*:	Handphone Number:
Postal Code:	Email Address*:

PART B: MEDICAL INFORMATION *Waiting Area*

PART B1: FEVER & VACCINATION	**NO**	**YES**
Have you had a fever or any vaccination recently?		
• Fever (Temperature ≥ 37.5°C) in the past 24 hours?	☐	☐
• Any vaccination in the past 14 days?	☐	☐

PART B2: IMMUNOCOMPROMISE	**NO**	**YES**
Do you have any medical conditions causing severe immunocompromise? For example:	☐	☐
• Recent transplant in the past 3 months		
• Aggressive Immunotherapy for non-cancer conditions (eg. rituximab etc)		
• HIV with CD4 count < 200		

PART B3: ALLERGIES	**NO**	**YES**
Have you ever had any severe allergic reactions to *vaccines, medications, insect stings, food etc*:		
• Anaphylaxis: severe reaction with two or more of the following: (a) hives or face/eyelid/lip/throat swelling, (b) difficulty breathing, (c) dizziness	☐	☐
• Ever been prescribed with an Epi-Pen? (self-injected epinephrine for severe allergy)	☐	☐
• Have you had rash OR hives OR face/eyelid/lip swelling to vaccines?	☐	☐

PART B4: SPECIAL SITUATIONS (CAN STILL VACCINATE)	**NO**	**YES**
Are you currently taking these medications or have these medical conditions?		
• Blood-thinning medications (e.g. warfarin, apixaban, rivaroxaban etc)	☐	☐
• Bleeding disorder or low platelets	☐	☐
• On cancer treatment (immunotherapy / chemotherapy / radiotherapy in the past 3 months **OR** planned in the next 2 months) *Must consult treating oncologist		
• (For Females only) Are you pregnant or suspect that you are pregnant (late menstrual period)? *Must consult obstetrician to discuss risks and benefits of vaccination	☐	☐

PART C: PATIENT DECLARATION AND CONSENT

I declare that the information I have given is true and complete to the best of my knowledge

I have been informed of the risks, benefits and side effects of COVID-19 vaccination, and I wish to receive COVID-19 vaccination

☐ I **AGREE** to receive COVID-19 vaccination; OR ☐ I **DO NOT** wish to receive COVID-19 vaccine**

_____	_____	_____	_____
Name of patient / parent / guardian	NRIC No. / FIN	Signature	Date (dd/mm/yyyy)

* Fields not required if names are submitted via nominal roll, appointment booking system and healthcare workers under the self-vaccination exercise.

** If patient **does not** wish to receive COVID-19 vaccine, there is no need to complete **FORM 2**.

MOH PFIZER BIONTECH COVID-19 VACCINATION FORM (ASSESSMENT CLINIC) – FORM 2
TO BE COMPLETED BY DOCTOR OR NURSE

PART D: CLINICAL SAFETY REVIEW OF PATIENTS

PART D1: NOT ELIGIBLE FOR COVID-19 VACCINATION **IF YES → DO NOT VACCINATE**	**NO**	**YES**
• Child under age 12 years	☐	☐
• Severely immunocompromised - Recent transplant in the past 3 months - Aggressive Immunotherapy for non-cancer conditions (e.g. rituximab etc) - HIV with CD4 count < 200 cells/mm^3	☐	☐
PART D2: CONTRAINDICATIONS TO COVID-19 VACCINE **IF YES → DO NOT VACCINATE**	**NO**	**YES**
• Allergic reaction to previous dose of COVID-19 vaccine, or any of its components	☐	☐
• History of anaphylaxis or prescribed an Epi-Pen	☐	☐
PART D3: PRECAUTIONS → POSTPONE VACCINATION **IF YES → DO NOT VACCINATE**	**NO**	**YES**
• Fever (≥ 37.5°C) in past 24 hr → Re-schedule vaccination when fever has resolved	☐	☐
• Vaccination in past 14 days → Re-schedule vaccination after 14 days	☐	☐
• Rash OR urticaria OR face/eyelid/lip swelling to VACCINES → Refer to allergist*	☐	☐
PART D4: SPECIAL SITUATIONS → CAN VACCINATE	**NO**	**YES**
IF YES to being on anti-coagulation, has bleeding disorder or low platelets →		
• **ADVISE HOLD FIRM PRESSURE AT INJECTION SITE FOR 5 MINUTES**	☐	☐
IF YES to being/possibly pregnant →		
• **CHECKED THAT RISKS & BENEFITS DISCUSSED WITH OBSTETRICIAN?**	☐	☐
IF YES to being on cancer treatment (immunotherapy / chemotherapy / radiotherapy) less than 3 months ago **OR** planned in the next 2 months →		
• **CHECKED THAT SUITABILITY ASSESSED BY ONCOLOGIST?**	☐	☐

CLINICAL ASSESSMENT:	Form Completed by
☐ Risks, benefits, adverse effects discussed ☐ Patient form & consent checked **VACCINATE?** ☐ YES → PROCEED TO VACCINATION ☐ NO ☐ Not eligible OR has contraindications → NO VACCINATION ☐ Fever → RESCHEDULE vaccination when fever has resolved ☐ Recent other vaccine → RESCHEDULE to 14 days after other vaccine ☐ Cutaneous reaction to other VACCINES → Refer to allergist*	_____ Name (stamp) / Signature / Date

PART E: VACCINATION RECORD

COVID-19 vaccine given:	Injection site:	Vaccine Brand:	Batch number:
☐ #1 Date: ☐ #2 Date:	☐ Left deltoid ☐ Right deltoid ☐ Other_____	☐ Pfizer-BioNTech ☐ Moderna ☐ Sinovac ☐ Other _____	Bottle number (if applicable):

Place of Vaccination:	Vaccinated by: _____ Name (stamp) / Signature / Date

PART F: OBSERVATION & DISCHARGE

☐ Vaccine card & vaccine information sheet (VIS) given ☐ Observe patient for 30 min after vaccination (for syncope, anaphylaxis etc) ☐ If allergic symptoms develop in first 30 min, observe until stable or refer to ED	Time of vaccination:

Remarks by doctor (If treatment required):	Assessed by: _____ Name (stamp) / Signature / Date

* Please refer to the [Allergist Referral Form for COVID-19 vaccination] if the individual is eligible for further evaluation by an allergist.

MINISTRY OF HEALTH
SINGAPORE

VACCINATION INFORMATION SHEET – FOR VACCINATION RECIPIENTS

PFIZER-BIONTECH COVID-19 VACCINE (PFIZER COVID-19 VACCINE)

This vaccine has been granted authorization under the Pandemic Special Access Route (PSAR) by the Health Sciences Authority (HSA) for use in Singapore under the direction of the Ministry of Health. Read this information carefully. Consult your doctor or clinic if you have questions.

1. What is COVID-19?

COVID-19 is a respiratory illness that can affect other parts of the body and can range from mild to severe disease. Spread is mainly through droplets, touching contaminated surfaces or in some cases, by airborne routes. Symptoms appear 2 to 14 days after exposure, and include fever, cough, shortness of breath, sore throat, runny nose or loss of smell or taste. Complications include respiratory failure, heart attacks, blood clots and other long-term problems.

2. What is the Pfizer COVID-19 Vaccine?

The Pfizer COVID-19 Vaccine is given to protect against COVID-19 for persons 12 years of age and older. The vaccine contains messenger RNA (mRNA) which helps your immune system to produce protective responses and has 95% efficacy against COVID-19.

The vaccine consists of 2 doses. The second dose is due in 21 days but can be taken with an interval of up to six to eight weeks apart. You need both doses to have the full vaccine protection, and for the protection to last as long as possible.

The vaccine has been assessed to be safe for use. However, you may experience common side effects, similar to other vaccines. These usually get better after 1 to 3 days. Section 6 covers vaccine side effects, and Section 7 covers post-vaccination advice.

3. Who should get the vaccine? Who should not get the vaccine?

You should get the Pfizer COVID-19 Vaccine to be protected against COVID-19, if you don't have any conditions that make COVID-19 vaccination inadvisable. There are no contraindications to receiving the Pfizer COVID-19 vaccine apart from the settings and conditions described below.

You should **NOT** get vaccinated if you have a history of anaphylaxis, or an allergic reaction to a prior dose of this vaccine or to any ingredients in this vaccine (see Section 5). If you had an allergy to other vaccines, you may need referral to an allergist.

Tell your doctor or nurse before getting this vaccine if you:

- have a fever in the past 24 hours, or got another vaccine in the past 14 days
- are immunocompromised, or taking treatment that affects your immune system
- have COVID-19 infection before, or received another COVID-19 Vaccine
- are pregnant, or think you may be pregnant
- have active or recent treatment for cancer, organ or stem cell transplantation

You likely can still receive the vaccine. The doctor or nurse will advise if you can proceed to get the Pfizer COVID-19 Vaccine.

4. How is the Pfizer COVID-19 Vaccine given?

This vaccine is given as an injection into the muscle of your upper arm. You should return for your second dose of the same vaccine on the stipulated appointment given, to complete your COVID-19 vaccination.

5. What are the ingredients in the Pfizer COVID-19 Vaccine?

The Pfizer COVID-19 Vaccine includes the following ingredients: BNT162b2 mRNA; (4-hydroxybutyl) azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate); 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide; 1,2-Distearoyl-sn-glycero-3-phosphocholine; cholesterol; potassium chloride; monobasic potassium phosphate; sodium chloride; dibasic sodium phosphate dihydrate; sucrose

6. What are the possible side effects? How do I manage the side effects?

Like all vaccines, this vaccine can cause side effects. Most side effects are mild or moderate, and usually get better within a few days. The table below lists some common side effects that have been reported with this vaccine, and how to manage them.

Side Effects	**How to Manage**
Pain, redness, swelling at the injection site	Those with fever are advised to self-isolate at home until the fever subsides. Paracetamol 1 to 2 tablets every 6 hours as needed
Fever, chills	
Headache, muscle pain, joint pain	
Tiredness	Rest
Lymph node swelling at neck or arms	Usually gets better by itself in a week or so

See a doctor if the side effects persist or get worse, if the fever persists for more than 48 hours or if respiratory symptoms such as cough, runny nose, sore throat, shortness of breath or loss of sense of taste and smell develops. Very rarely, this vaccine can cause a severe allergic reaction or anaphylaxis. Signs of a severe allergic reaction include difficulty breathing, swelling of your face, throat, eyes or lips, a fast heartbeat, dizziness and weakness, a bad rash all over your body. **If you experience a severe allergic reaction, seek medical attention immediately.** Call 995 or go to the nearest A&E immediately.

These may not be all the possible side effects of the Pfizer COVID-19 Vaccine. If you experience side effects not listed, please consult your doctor.

7. Any Other Advice Before or After Vaccination?

The following advice is provided for different groups of vaccine recipients:

- If you are on blood thinning medicines, press firmly on the injection site for 5 minutes
- If you are pregnant, please consult your obstetrician to discuss the risks & benefits, so you can make an informed decision about receiving the Pfizer COVID-19 Vaccine.
- If you are on active treatment for cancer, please consult your oncologist to discuss the risks & benefits, to assess suitability for receiving the Pfizer COVID-19 Vaccine.

In general, it's advisable to be well-hydrated and not to skip meals before coming for vaccination. Persons who are dehydrated or fasting may be more prone to fainting after the vaccination. It is also advisable to avoid possible actions that may stimulate a serious allergic reaction after vaccination:

- Avoid strenuous exercise or physical exertion for 12-24 hours after getting vaccinated
- Avoid drinking alcohol for 12-24 hours after getting vaccinated
- Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs) for pain or fever after vaccination. (NSAIDs include medications like ibuprofen, naproxen, and diclofenac.)

8. How do I report side effects?

You can contact a medical practitioner for further advice. Your healthcare provider will be able to advise you and report the side effects to HSA. You may also report side effects directly to HSA on a form by scanning this **QR code.**

9. What is the Pandemic Special Access Route (PSAR)?

PSAR is an authorisation process by HSA to facilitate early access to vaccines and medicines during a pandemic, such as COVID-19.

The content of this information sheet was updated on 31/05/21. For the latest COVID-19 vaccine consumer information, please refer to the HSA website at https:www.hsa.gov.sg/covid-19-information-and-advisories