

Informed Consent for a Medical Procedure Vaccination for COVID-19

Name, surname:	
ID number:	
Residence:	
Health insurance number:	

Information about health status

The vaccine

.....
(hereinafter the "Vaccine") is to prevent you from getting the COVID-19 disease, which is caused by the SARS-CoV-2 virus.

The vaccine will be injected into your shoulder muscle. It is recommended that you wait at the site where you received the vaccine for a period of usually thirty minutes after the vaccine is administered and monitor your condition closely.

To be fully effective, you must receive two doses of the vaccine. The second dose will be given to you in the same way as the first dose. Your vaccinator will let you know when the second dose of the vaccine will be administered. If you do not receive the second dose of the vaccine, the vaccine may not protect you at all or at least not enough against COVID-19.

Once administered, the vaccine triggers natural antibody production and encourages your immune cells to protect you against COVID-19.

Protection against COVID-19 may not be sufficient until the seventh day after the second vaccine is administered, approximately one month after the first dose. Until then, you must behave in accordance with recommended hygiene and epidemiological procedures to protect your own health and the health of others.

Health status risks:

Some people may have an allergic reaction after receiving the vaccine, which may manifest itself as an itchy rash, breathing problems or swelling of the face or tongue. If you experience an allergic reaction, contact your GP immediately. Without timely medical assistance, the client may suffer bodily harm and, in exceptional cases, may also be at risk of death.

Consult your GP about your intention of receiving the COVID-19 vaccination,

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especially if:

- you have had a severe allergic reaction to another vaccination, medicine or food,
- you had problems after receiving your first dose of COVID-19 vaccine, such as an allergic reaction or difficulty breathing,
- you now have a serious illness accompanied by a high fever; however, a slightly elevated temperature or a mild upper respiratory tract infection, such as a cold or a history of COVID-19, is not a reason to delay vaccination,
- you have a weakened immune system (e.g. due to HIV infection) or are taking medicines that negatively affect your immune system,
- you have bleeding problems, bruise easily or take medicines that reduce blood clotting,
- you are pregnant, breastfeeding, think you may be pregnant, or are planning to become pregnant; vaccination is not recommended for pregnant or breastfeeding women.

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

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

As with other vaccines, this vaccine may not fully protect the vaccinee against the disease. If you have any questions about the vaccine or the vaccination, ask the vaccinating doctor.

Alternatives to health status:

There are currently no known alternatives to the medical procedure described above.

Treatment regimen, preventive measures, control procedures:

You must stay in the waiting room for 30 minutes after the medical procedure. For two days after receiving the vaccine, you should avoid significant physical exertion.

Answers to additional questions by the client (if applicable, indicate that the client had no additional questions)

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Consent of the client or his/her legal representative

I, the undersigned, in accordance with Section 31 of Act No. 372/2011 Coll., on Health Services and Conditions of their Provision (Health Services Act), as amended, declare that I have been informed by the doctor about the medical procedure, its purpose, nature, expected benefits and possible consequences and risks of its performance. I am aware that there are certain risks involved in any medical procedure and that these cannot be accurately determined in advance.

The information and instructions were communicated and explained to me by the doctor, I understood them and had the opportunity to ask additional questions, which were answered.

On the basis of the information provided, after discussion with the doctor and after my own consideration, I agree to the above medical procedure.

Personal data are processed in accordance with Article 6(1)(d), (e) of the GDPR, i.e. due to the necessity of the processing for the protection of the vital interests of the data subject and in the performance of a task in the public interest.

Personal data are transferred to the Regional Authority of the Karlovy Vary Region with regard to the necessary coordination of the vaccination strategy of the Karlovy Vary Region. Personal data will be processed for the period of time necessary to record personal data in connection with the epidemiological situation. After the necessary period of time has elapsed, all personal data will be deleted.

Edification: The data subject shall have the right to request from the data controller access to, rectification or erasure of, or restriction of, the processing of such data and to object to the processing, as well as the right to data portability. In the event that the data subject discovers or believes that the controller is processing personal data in breach of the law, in particular if the personal data are inaccurate with regard to the purpose of their processing, he/she may ask the controller for an explanation and request that the situation be rectified. In particular, this may involve blocking, correcting, supplementing or destroying personal data. The data subject also has the right to lodge a complaint with the supervisory authority.

The data controller is Karlovy Vary Regional Hospital a.s.

Contact details for the Data Protection Officer: dpo@kkn.cz

Date:

Signature of the client (legal representative, guardian):.....

I certify that I have explained the nature of the procedure to the patient in a manner that, in my judgment, was understandable to the patient. I have also informed the patient of the consequences of this procedure and possible more frequent complications, especially **the risks mentioned above in this consent.**

Date:.....

Name of the doctor:**Signature:**

Affidavit

I _____
(name, surname, title)

I declare that:

1. I have no acute health problems consistent with a viral infection (e.g. fever, cough, shortness of breath, diarrhea, vomiting, sudden loss of taste and smell, etc.);
2. I have not been ordered to adopt quarantine measures by the public health authority or the attending GP;
3. I am not aware that I have come into contact with persons who have contracted a communicable disease in the last 2 weeks;
4. I do not have any allergies;
5. I am not pregnant.

In Karlovy Vary:

Signature of the client (legal representative, guardian):

Name, surname: (legal representative, guardian)	
ID number:	
Residence:	
Relationship to the client	