



Covid-19 Vaccine Consent Form

接種新冠疫苗同意書

1.	Are you feeling sick today? 你今天有沒有感到身體不適?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
2.	In the last 10 days, have you had a COVID-19 test or been told by a healthcare provider or health department to isolate or quarantine at home due to COVID-19 infection or exposure? 在過去的 10 天內，您是否進行過 COVID-19 (新冠病毒) 測試，或者是否由於感染或接觸了 COVID-19 (新冠病毒) 而被醫生/醫療保健人員或衛生部門告知您須隔離或留在家中隔離?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
3.	Have you been treated with antibody therapy for COVID-19 in the past 90 days (3 months)? If yes, when did you receive the last dose? 在過去 90 天 (3 個月) 中，您是否接受過 COVID-19 (新冠病毒) 抗體治療? 如果是，您在什麼時候接受最後一劑?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
4.	Have you ever had a serious or life-threatening allergic reaction, such as hives or difficulty breathing, to any vaccine or shot? 您是否曾經對任何疫苗或注射劑產生過嚴重或危及生命的過敏反應，例如蕁麻疹或呼吸困難?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
5.	Have you had any vaccines in the past 14 days (2 weeks) including flu shot? If yes, how long ago was your most recent vaccine? 在過去的 14 天 (2 週) 中，您是否接種過疫苗，包括流感疫苗? 如果是，您最近的疫苗是多久以前的?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
6.	Are you pregnant or considering becoming pregnant? 您是否正在懷孕或正在考慮懷孕?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
7.	Do you have cancer, leukemia, HIV/AIDS, a history of autoimmune disease or any other condition that weakens the immune system? 您是否患有癌症，白血病，HIV / AIDS 愛滋病，自身免疫病史或任何削弱免疫系統的病?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道
8.	Do you take any medications that affect your immune system, such as cortisone, prednisone or other steroids, anticancer drugs, or have you had any radiation treatments? 您是否在服用任何會影響免疫系統的藥物，例如可的松，潑尼鬆或其他類固醇，抗癌藥，或者您是否接受過放射治療?	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Unknown 不知道

Emergency Use Authorization

The FDA has made the COVID-19 vaccine available under an emergency use authorization (EUA). The EUA is used when circumstances exist to justify the emergency use of drugs and biological products during an emergency, such as the COVID-19 pandemic. This vaccine has not completed the same type of review as an FDA-approved or cleared product. However, the FDA's decision to make the vaccine available under an EUA is based on the existence of a public health emergency and the totality of scientific evidence available, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

Consent

I have been provided and have read, or had explained to me, the information sheet about the COVID-19 vaccination. I understand that if this vaccine requires two doses, two doses of this vaccine will need to be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described.

I request that the COVID-19 vaccination be given to me (or the person named above for whom I am authorized to make this request and provide surrogate consent). I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health insurance plan, Medicare, Medicaid or other third parties who are financially responsible for my medical care. I authorize release of all information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and as needed for other public health purposes, including reporting to applicable vaccine registries.

Signature of Patient or Personal Representative	Print Name	Date