



MINISTRY OF HEALTH AND SOCIAL SERVICES
NAMIBIA COVID-19 VACCINE CONSENT FORM

Name of Health Facility Vaccination site is attached to:	Name of site Vaccination is administered:		
District: _____ Region: _____	<input type="checkbox"/> Outreach / Mobile		
Recipient First & Last name:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB: ___/___/___	
Recipient's Physical Address	Identity Nr / Passport Nr.	Nationality	
Recipient's Contact details	Namibian Medical Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify, Medical Aid Name;	
Next of Kin: First and Last Name	Next of Kin Contact details		

Health Workers must review sections below with the client to obtain consent

EMERGENCY USE AUTHORIZATION

The Ministry of Health and Social Services / Namibia Medicine Regulatory Council (NMRC) 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.

CONSENT

1. I have been provided with and have read/have been explained in my own language, the explanation regarding the nature of and implication of the vaccine, the fact sheet about the said vaccine which has been provided to me.
2. I understand that if this vaccine requires two doses, the two doses of this vaccine shall 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 / I have ensured that the person named above for whom I am authorised to provide consent for, was also given a chance to ask questions (in case of a guardian). I understand the benefits and known side effects of the vaccine.
3. I give permission for the vaccine to be administered to me/the person named above for whom I am authorised to make this request and provide consent (in case of guardian).
4. I have been informed that after administration of the vaccine, I will be kept under observation for a period for up to 30 minutes.
5. I authorize the release of all information needed, including but not limited to medical records as may be required for other public health purposes.

WAIVER

1. I acknowledge that vaccination like other medicines may have some known side effects. Adverse event following immunisation that may occur have explained to me.
2. I voluntarily seek and accept vaccination for COVID-19.
3. I have read/heard and fully understand the contents of this form and I execute it voluntarily.
4. I undertake to: Attend the same vaccination centre on the date scheduled for the second dose (For vaccines requiring two doses).

Recipient/ Guardian (Signature): _____ Print Full Name: _____

Relationship to patient, if other than recipient: _____

Signed at _____ on Date: ___/___/___

Area Below to be Completed by Vaccinator Which vaccine is the patient receiving today?

Vaccine Name	Administration			EUA Fact Sheet Date	Manu / Lot Nr
Pfizer/ BioNTech	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		
Moderna	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		
Astra-Zeneca	<input type="checkbox"/> First Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		
Janssen	<input type="checkbox"/> Single Dose				
Sinovac	<input type="checkbox"/> First / Single Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		
SinoPharm	<input type="checkbox"/> First / Single Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		
Name:	<input type="checkbox"/> First / Single Dose	<input type="checkbox"/> Second Dose	<input type="checkbox"/> Third Dose		

Administration Site Left Deltoid Right Deltoid Left Thigh Right Thigh
Dosage 0,5 ml 0,3 ml

I have provided the patient (and/or parent, guardian or surrogate, as applicable) with information about the vaccine and consent to vaccination was obtained.

Vaccinator Name and Surname: _____

Vaccinator Signature: _____