

Patient's voluntary informed consent to vaccination against COVID- 19

(Copy of this form will be kept in the medical record)

I have received a verbal explanation about the COVID-19 vaccine (Gam COVID vaccine) which is administered in Kenya for Emergency Use Authorization.

By signing this consent, I hereby acknowledge that:

1. All my questions have been answered to my satisfaction.
2. I am aware that this vaccine requires two doses, at different visits. I acknowledge that I will return to receive the second dose of the vaccine from the same facility, in order to achieve the full desired benefit of the vaccine.
3. I understand that the use of this vaccine might cause side effects, which may include:
 - Pain, tenderness, redness, induration and pruritus at the vaccination site.
 - Fever, headache, fatigue, nausea, vomiting, and diarrhea.
 - Cough and allergy.
 - Muscle pain, arthralgia and lethargy.

Generally, the mild symptoms subside without treatment. If experienced moderate to severe symptoms, refer to the healthcare provider to get the required treatment.

4. I understand that a copy of this consent will be provided to me and this information will be kept confidential.
5. I understand that the COVID-19 vaccine may not fully protect me against the COVID-19 virus. Therefore, if I do not continue practicing precautionary measures, I might be a mean of transmitting the infection to others.
6. I understand that the Healthier Kenya will cover the COVID-19 vaccination and related health services, as per the approved protocol. Treatment of any side effects that may occur after vaccination, will also be covered.
7. The vaccine will be administered by a healthcare professional in accordance with relevant local regulations.
8. For women, I declare that I am not and I should not be pregnant for the first three months of taking the vaccine.
9. This consent is applicable to the administration of the first and second doses of the COVID-19 vaccine.

Indemnity

All the parties related to vaccination including the health facility where vaccine is administered, the importer of the vaccine Dinlas Pharma EPZ Limited, the distributor of the vaccine, Harleys Limited and Unisel Pharma (K) Limited, Pharmacy and Poisson's Board (PPB), Ministry of Health (MoH) and Government of Kenya (GOK,) does not incur any liability against any adverse reactions to me caused due to the Gam-COVID vaccine. None of the above parties shall be held responsible and no claim will be made for any compensation with respect to any expenses incurred by me for treatment of adverse reactions caused by the Gam-COVID vaccine

By signing below, I agree to take the COVID-19 Vaccine.

Consenting Party:

Name:

Signature:

Date:

Substitute Consent Giver \ Guardian:

Name:

Signature:

Date:

Relationship:

Statement of Person Conducting Informed Consent Discussion:

I have discussed the information contained in this document with the consenting person. In my opinion that the concerned person understands the benefits and risks.

Person Obtaining Consent:

Name:

Designation:

Healthcare Facility:

Signature:

Date: