



INFORMED CONSENT FORM FOR THE PFIZER-BIONTECH COVID-19 VACCINE

of the Philippine National COVID-19 Vaccine Deployment and Vaccination Program
as of April 15, 2021

Name:	Birthdate:	Sex:
Address:		
Occupation:	Contact Number:	
Health facility:		

INFORMED CONSENT

I confirm that I have been provided with and have read the Pfizer BioNTech COVID-19 vaccine and Emergency Use Authorization (EUA) Information Sheet and the same has been explained to me. The FDA has authorized the use of the Pfizer BioNTech COVID-19 vaccine under an EUA since the gathering of scientific evidence for the approval of the said Vaccine and any other COVID-19 vaccine is still ongoing.

I confirm that I have been screened for conditions that may merit deferment or special precautions during vaccination as indicated in the Health Screening Questionnaire.

I have received sufficient information on the benefits and risks of COVID-19 vaccines and I understand the possible risks if I am not vaccinated.

I was provided an opportunity to ask questions, all of which were adequately and clearly answered. I, therefore, voluntarily release the Government of the Philippines, the vaccine manufacturer, their agents and employees, as well as the hospital, the medical doctors and vaccinators, from all claims relating to the results of the use and administration of, or the ineffectiveness of the Pfizer BioNTech COVID-19 vaccine.

I understand that while most side effects are minor and resolve on their own, there is a small risk of severe adverse reactions, such as, but not limited to allergies, and that should prompt medical attention be needed, referral to the nearest hospital shall be provided immediately by the Government of the Philippines. I have been given contact information for follow up for any symptoms which I may experience after vaccination.

I understand that by signing this Form, I have a right to health benefit packages under the Philippine Health Insurance Corporation (PhilHealth), in case I suffer a severe and/or serious adverse event, which is found to be associated with the Pfizer BioNTech COVID-19 vaccine or its administration. I understand that the right to claim compensation is subject to the guidelines of the Philhealth

I authorize releasing all information needed for public health purposes including reporting to applicable national vaccine registries, consistent with personal and health information storage protocols of the Data Privacy Act of 2012.

I hereby give my consent to be vaccinated with the Pfizer BioNTech COVID-19 Vaccine.

_____	_____
Signature over Printed Name	Date

In case eligible individual is unable to sign:

I have witnessed the accurate reading of the consent form and liability waiver to the eligible individual; sufficient information was given and queries raised were adequately answered. I hereby confirm that he/she has given his/her consent to be vaccinated with the Pfizer BioNTech COVID-19 Vaccine.

_____	_____
Signature over Printed Name	Date

If you chose not to get vaccinated, please list down your reason/s:
