

- Ministry of Public Health's Emblem -

## The Questionnaire and the Letter of Consent of Getting COVID-19 Vaccination for Students Grade 7 to Grade 12 or Equivalent

### Part 1: Information of COVID-19 vaccinations

COVID-19 vaccines have effectiveness to highly prevent the severe injury incurred by COVID-19. The vaccines can reduce the severity of the disease; however, the vaccines cannot prevent gentle infection or undetected symptoms. Therefore, the persons getting the vaccinations may get infected by Coronavirus or COVID-19. Accordingly, it is significant to comply with recommendations or other measures as prescribed by the Center of COVID-19 Situation Administration (CCSA), the Provincial Committee of the Communicable Disease and the Ministry of Public Health. For instance, it is crucial to wear medical face masks, keep distancing, frequently wash hands and register before entering into places, etc.

For current, the registered COVID-19 vaccines in Thailand which allow to inject people more than 12 years old (9 September 2021) such as Pfizer vaccine whereas its trade name is "Comirnaty" are the mRNA vaccines shall provide the injections 2 times. The second injection must be apart from the first dose 3-4 weeks. The vaccines can provide side effects like other vaccines and medicines as there may be undesirable incidents after obtaining the additional immunities. The possible side effects are, for example, fever, cold, pain, redness around the injection area, headache, muscle pain, joint pain, fatigue, exhausted, nausea, vomit and edema around the armpit area, etc. The report, after the usage of vaccine in foreign countries, shows that there exist some cases with myocarditis or pericarditis. Relating to these symptoms, men are mostly found within 14 days after getting the vaccine. It is possible to get chest pain, short breath, heart palpitations. In the circumstance of having critical symptoms after getting the vaccine, it is suggestive to meet the doctors rapidly.

**Part 2 The Letter of Consent for Parents allowing the Descendants to get the COVID-19 Vaccination**

Student ID: .....

I, (First name – Last name) .....Tel number (Parents).....

The parents of..... Relationship.....

Address.....Moo.....Road.....

Tambol/Sub-district.....Amp hoe/District.....

Province.....Telephone number (student).....

Student First name – Last name..... Age..... D.O.B .....

National / Passport ID ..... Nationality .....

Name of Institute .....Grade.....Classroom .....

Hereafter, I perceive information and understand about COVID-19 vaccine and its undesirable effects that may arise.

I  consent the descendant to get COVID-19 vaccination by desiring to get Pfizer vaccine voluntarily

Do not consent because.....and confirm that it is the truth

Sign.....Parents/legal representative

(.....)

Date...../...../.....

**Remark: Please bring this document provided to the class teacher and service personnel at the date of vaccination**

### Assessment before Getting COVID-19 Vaccination for Students Year7 to Year 12 or equivalent

Explanation: The parents shall kindly select the following information by using ✓ in the Blank for authorities to consider whether the students can get vaccination

1	The student is <b>less than 12 years old</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	The student has the history of COVID-19 vaccine allergy or history of any components of COVID-19 vaccine allergy or has severe reaction from the former injection (consider other COVID-19 vaccine instead)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	The student has been detected with COVID-19 infection <b>within 1 month.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	The student has any congenital disease with the uncertain symptoms and inability to control the symptoms such as heart disease, neurological disease and other diseases that recently exacerbate, except the case in which the doctor agree that it is capable to get the vaccination (the ones with these congenital disease shall consult the doctors before getting the vaccination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	The student is during pregnancy, whereas gestational age is less than 12 weeks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	The student gets injured with the necessity to stay at the hospital or just recently leave the hospital not exceeding 14 days (except the case in which the doctor agree that it is capable to get the vaccination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	The student is getting ill or unwell conditions (it is necessary to be cured before getting vaccination)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	The student recently gets vaccinated during previous 14 days.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	The student is dramatically worried with getting COVID-19 vaccination (it is suggestive to consults the doctors or medical personnel in order to understand and relieve anxiety before getting the vaccination.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remark: In case the student of such institution is more than 18 years old, the student should be able to simultaneously get Pfizer as other students in the same institution.

Hence, I confirm that it is the truth

Sign.....Parents/legal representative  
(.....)  
Date...../...../.....

**Remark: Please bring this document provided to the class teacher and service personnel at the date of vaccination.**