

CONSENT AND WAIVER FORM

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

I confirm that I have been provided with adequate information about the Sinovac COVID-19 vaccine and its Emergency Use Authorization (EUA) from the Philippine Food and Drug Administration.

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 answered and explained to me adequately and clearly. I, therefore, voluntarily release the House of Representatives, 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 Sinovac 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. Should the need for prompt medical attention arise, referral to the nearest hospital shall be provided immediately by the House of Representatives. I have been given contact information for follow up for any symptoms I may experience after vaccination.

I understand that in case I suffer a serious adverse event, which is found to be associated with the Sinovac

COVID-19 vaccine or its administration, I have a right to health benefit packages under the Philippine Health Insurance Corporation (PhilHealth) program in case I experience hospitalization due to severe and/or serious adverse reactions.

“Pursuant to Republic Act No. 10173, the Data Privacy Act of 2012, and its Implementing Rules and Regulations, I have been informed of the purpose of the collection of personal data, the extent of its processing, the automated manner of processing of the personal data for profiling or data sharing, the identity/ies of the data processor/s who will be given access to the personal data, and my rights as a data subject.

I agree to the collection and processing of personal, sensitive personal, or privileged information to be conducted by the HREP and DOH Personal Information Controllers and Personal Information Processors, with the end in view of safeguarding the collected personal data as well as ensuring and maintaining the confidentiality, integrity and availability of the said personal data or information.

Consequently, I reasonably presume that the HREP and DOH will protect the collected data against natural dangers such as accidental loss or destruction, unauthorized access, fraudulent misuse, alteration and contamination.

The consent I have given for the processing of data shall be limited only for the purpose of the administration of the COVID-19 vaccine.

I hereby give my consent to be vaccinated with the Sinovac 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 questions raised were adequately answered. I hereby confirm that he/she has given his/her consent to be vaccinated with the Sinovac COVID-19 Vaccine.

Signature Over Printed Name

Date

Relationship to the principal _____

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