

## INFORMED CONSENT FORM - COVID19 VACCINATION

**Details of COVID19 vaccine recipient:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Sr No.	Information to be given to the vaccine recipient	Tick if information is given
1.	The experimental injection ("vaccine") is given with conditional approval by the Government "for restricted use under emergency situation" as it is still under testing phase.	<input type="checkbox"/>
2.	The experimental injection ("vaccine") does not prevent the recipient from getting COVID19 symptoms.	<input type="checkbox"/>
3.	The experimental injection ("vaccine") does not prevent the recipient from spreading Coronavirus/ SARS-COV-2.	<input type="checkbox"/>
4.	Unvaccinated healthy person has a high chance of survival without requiring hospitalization, if infected with COVID19.	<input type="checkbox"/>
5.	Ingredients of Covishield™: → Replication-deficient chimpanzee adenovirus vector encoding the SARS-CoV-2 Spike (S) glycoprotein → L-Histidine → L-Histidine hydrochloride monohydrate → Magnesium chloride hexahydrate → Polysorbate 80 → Ethanol → Sucrose → Sodium chloride → Disodium edetate dihydrate (EDTA)	<input type="checkbox"/>

6.	<p>Ingredients of Covaxin®:</p> <ul style="list-style-type: none"> <li>→ 6µg of whole-virion inactivated SARSCoV-2 antigen (Strain: NIV-2020-770)</li> </ul> <p>inactive ingredients</p> <ul style="list-style-type: none"> <li>→ Aluminum Hydroxide gel (250 µg)</li> <li>→ TLR 7 /8 agonist (imidazoquinolinone) 15 µg</li> <li>→ 2-phenoxyethanol 2.5 mg</li> <li>→ phosphate buffer saline up to 0.5 ml</li> </ul> <p>The vaccine (COVAXIN®) thus has been developed by using inactivated/ killed virus along with the above mentioned chemicals.</p>	<input type="checkbox"/>
7.	<p>The Covid19 experimental injections (“vaccine”) may contain ingredients with possible side effects. Some such ingredients along with their side effects are</p> <p>Polysorbate 80 (present in Covishield, Covovax, Sputnik V)</p> <ul style="list-style-type: none"> <li>● Infertility</li> <li>● Anaphylaxis</li> </ul> <p>Aluminum Hydroxide Gel (present in Covaxin, Corbevax)</p> <ul style="list-style-type: none"> <li>● Seizures</li> <li>● Osteomalacia (softening of bones)</li> <li>● Encephalopathy (disease affecting brain functioning)</li> <li>● Autism</li> </ul> <p>Imidazoquinolinone (present in Covaxin)</p> <ul style="list-style-type: none"> <li>● Chronic autoimmune disease (causing fatigue &amp; joint pain)</li> <li>● Increase in tumors leading to cancer</li> </ul> <p>Phosphate Buffered Saline (present in Covaxin)</p> <ul style="list-style-type: none"> <li>● Serious eye irritation</li> </ul> <p>2-Phenoxyethanol (present in Covaxin)</p> <ul style="list-style-type: none"> <li>● Skin Irritation and Rashes</li> <li>● Eczema and Hives</li> </ul> <p>L-Histadine (present in Covishield)</p> <ul style="list-style-type: none"> <li>● Complications in case of folic acid deficiency</li> </ul> <p>Magnesium Chloride Hexahydrate (present in Covishield, Sputnik V)</p> <ul style="list-style-type: none"> <li>● Flares</li> <li>● Pain</li> <li>● Hypesthesia</li> </ul>	<input type="checkbox"/>
8.	<p>Serious and unexpected side-effects may occur as a result of experimental injection (“vaccine”) for Covid19.</p>	<input type="checkbox"/>
9.	<p>It is advisable to not to give experimental “vaccination” to person having any of these conditions</p> <ul style="list-style-type: none"> <li>● Have any allergies.</li> </ul>	

	<ul style="list-style-type: none"> <li>● Have fever.</li> <li>● Have a bleeding disorder or are on a blood thinner.</li> <li>● Are immunocompromised or are on a medicine that affects the immune system.</li> <li>● Are pregnant or plan to become pregnant.</li> <li>● Are breastfeeding</li> <li>● Had a severe allergic reaction after a previous dose of the Covid19 vaccine being administered</li> <li>● Had a severe allergic reaction to any ingredient of the vaccine</li> <li>● History of immediate or delayed-onset anaphylaxis or allergic reaction requiring hospitalization to vaccines or injectable therapies, pharmaceutical products, food-items and insect sting etc.</li> </ul>	<input type="checkbox"/>
10.	<p>Partial list of possible adverse effects of some Covid19 experimental injections (“vaccine”)</p> <p><b>Covishield:</b></p> <ul style="list-style-type: none"> <li>• Myocarditis (inflammation of the heart muscle)</li> <li>• Pericarditis (inflammation of the lining that surrounds the heart)</li> <li>• Thrombosis with Thrombocytopenia Syndrome (TTS)(thrombosis→blood clots block your blood vessels, thrombocytopenia→deficiency of platelets in the blood)</li> <li>• Guillain-Barré Syndrome (GBS) (immune system disorder that results in muscle weakness, pain or numbness, and, in more severe cases, paralysis)</li> <li>• tenderness, pain, warmth, redness, itching, swelling or bruising where the injection is given</li> <li>• generally feeling unwell</li> <li>• feeling tired (fatigue)</li> <li>• chills or feeling feverish</li> <li>• headache</li> <li>• feeling sick (nausea)</li> <li>• joint pain or muscle ache</li> <li>• a lump at the injection site</li> <li>• fever</li> <li>• being sick (vomiting)</li> <li>• flu-like symptoms, such as high temperature, sore throat, runny nose, cough and chills</li> <li>• feeling dizzy</li> <li>• decreased appetite</li> </ul>	<input type="checkbox"/>

- abdominal pain
- enlarged lymph nodes
- excessive sweating, itchy skin or rash

**Covaxin:**

- Breathlessness
- Pain in chest
- Pain in limbs/pain on pressing limbs or swelling in limbs (arm or calf);
- Multiple, pinhead size red spots or bruising of skin in an area beyond the injection site;
- Persistent abdominal pain with or without vomiting;
- Seizures in the absence of previous history of seizures with or without vomiting;
- Severe and persistent headache with or without vomiting (in the absence of previous history of migraine or chronic headache);
- Weakness/paralysis of limbs or any particular side or part of the body (including face);
- Persistent vomiting without any obvious reason;
- Blurred vision or pain in eyes or having double vision;
- Change in mental status or having confusion or depressed level of consciousness
- Difficulty in breathing.
- Swelling of face and throat.
- A fast heartbeat.
- Rash all over the body.
- Dizziness and weakness.

**Covovax**

- feeling faint or light-headed
- pain in a muscle or group of muscles
- physical discomfort
- swelling and extreme pain at injection site
- Injection site pain
- Injection site tenderness
- Feeling tired (fatigue)
- Malaise
- Headache
- Fever
- Soreness of muscles

- Joint pain
- Nausea or vomiting
- Chills
- Injection site redness
- Injection site swelling
- Injection site induration (hardness)
- Pain in extremity (legs or arms)
- Body ache
- Asthenia (weakness or lack of energy)
- Injection site pruritus (itching)
- Injection site rash
- Rash
- Skin redness
- Itching
- Hives
- Enlarged lymph nodes
- Back pain
- Dizziness (feeling dizzy)
- Sleepiness
- Diarrhoea
- Decreased appetite

**Corbevax**

- Fever/Pyrexia
- Headache
- Fatigue
- Body Pain
- Myalgia
- Nausea
- Arthralgia
- Urticaria
- Chills
- Lethargy
- Injection site erythema
- Injection site swelling
- Injection site pruritus
- Injection site rash
- Injection site irritation

	<p><b>Sputnik V</b></p> <ul style="list-style-type: none"> <li>• chills</li> <li>• fever</li> <li>• arthralgia</li> <li>• myalgia</li> <li>• asthenia</li> <li>• general discomfort</li> <li>• headache</li> <li>• injection site tenderness</li> <li>• hyperemia</li> <li>• swelling</li> <li>• nausea</li> <li>• dyspepsia</li> <li>• loss of appetite</li> <li>• enlarged regional lymph nodes</li> <li>• hyperthermia</li> <li>• vaccination site tenderness</li> <li>• edema and pruritus</li> <li>• asthenia</li> <li>• pain</li> <li>• malaise</li> <li>• pyrexia</li> <li>• increased vaccination site skin temperature</li> <li>• decreased appetite</li> <li>• oropharyngeal pain</li> <li>• nasal congestion</li> <li>• sore throat</li> <li>• rhinorrhea</li> <li>• headache</li> <li>• dizziness</li> <li>• syncope</li> <li>• nausea</li> <li>• vomit</li> <li>• dyspepsia</li> </ul>	
11.	<p>There are cases of healthy people dying following experimental injection (“vaccine”) for Covid19. Whether this experimental injection has caused these deaths is under investigation.</p>	<input type="checkbox"/>

12.	The long-term side effects of experimental injection (“vaccine”) are not known. Infertility i.e. inability to have children, is an example of long-term negative side effects that is not yet known.	<input type="checkbox"/>
13.	No compensation will be provided by the government in case of death or adverse event due to experimental “vaccination” as it is completely voluntary. The vaccine manufacturer may offer compensation in case of death or adverse event, however it may be difficult to prove that the experimental “vaccine” caused the death or adverse event.	<input type="checkbox"/>
14.	Experimental “vaccination” is not compulsory in order to access public and private services such as interstate travel, local trains and buses, offices, clubs, malls and shops, restaurants, schools, examination centers, religious and non-religious gatherings.	<input type="checkbox"/>
15.	Alternative protocols approved by AYUSH ministry are available for treatment of COVID19. These are protocols that follow Ayurveda, Yoga, Unani, Siddha and Homeopathy system of medicine. As per law, no particular system of medicine can be imposed upon any citizen.	<input type="checkbox"/>
16.	The recipient is aware of the procedure of adverse event reporting on Co-WIN app/portal.	<input type="checkbox"/>
17.	The recipient is under no pressure, either from other family members or from any authorities, to get experimentally injected (“vaccinated”).	<input type="checkbox"/>

I, \_\_\_\_\_ (name and designation) am the immunization officer in charge of COVID19 vaccine administration. I confirm that the vaccine recipient was given the information in the above table.

Location :

Date :

Signature and Stamp of the Immunization Officer

I confirm that I am given the above information about COVID19 vaccination. I am aware that I have a choice not to get vaccinated. I hereby, give my consent for

COVID19 vaccination.

Date :

Signature of the vaccine recipient