

# >>> TRANSLATION <<<

Please fill in the THAI version form

Vaccination Service Code

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## Documentation Guide for COVID-19 Vaccination Services

Name-Surname ..... Thai National ID Number ..... Gender .....

Birthdate (DD/MM/BBBB) ..... Age ..... Phone number .....

Address .....

### Station Service

- Station #1** Waiting area for registration
- Station #2** Registration / verify identity
- Station #3** Body weight and blood pressure

Weight ..... Kg Height ..... Cm

Temp ..... °C PR ..... T/min

RR ..... T/min BP ..... mmHg

- Station #4** Screening profile, risk assessment, Consent for COVID-19 VACCINATION

Any disease(s) :  No       Yes (please specify) .....

- Station #5** Vaccination

Officer : Name-Surname ..... Vaccination Time .....

Officer's Signature .....

Vaccine Info : Vaccine Name ..... Barcode No. .....

Wait 30 minutes for observation until .....

- Station #6** Issue 2<sup>nd</sup> vaccination appointment

Remark : If any discomforts occur, please contact the officer at First Aid point

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## Pre-service Screening Assessment Form

**Purpose :** Questionnaire before entering this health establishment service to screen for the safety of users and related parties. This questionnaire is a preliminary assessment only. The decision to provide the services is at the discretion of the provider.

Name-Surname ..... [\*\*>>> Please fill in the THAI version form <<<\*\*](#) Contact Phone Number .....

Address .....

**Instruction :** Please mark ✓ in the box where applicable.

No.	Details	Yes	No	Remark
1.	Fever ≥ 37.3 °C			
2.	2.1 Touching or being in close contact with a patient with COVID-19 2.3 You have a past record of returning from abroad. (If YES, please specify the country from ..... to Thailand on date ...../...../.....) 2.4 You have a past record of leaving the residence area within 14 days. to District ..... Province ..... Date of Leaving .....			
3.	Do you have any of these symptoms? 3.1 Fatigue 3.2 Cough, dry cough, cough with phlegm 3.3 Runny nose 3.4 Sore throat 3.5 Headache 3.6 Chest pain, difficult breathing 3.7 Hearing problems 3.8 Nose can't smell 3.9 Tasteless tongue 3.10 What medications did you take to relieve the symptoms in number 3.1-3.9 ? Such as .....			
4.	Are you a medical or public health worker who has been in contact with a high-risk group for COVID-19 patients?			

I hereby certify that the information is true on my part.

.....  
(.....)

Recipient / Authorized Person

.....  
(.....)

Officer

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Vaccination Service Site .....

Date: Day ..... Month ..... Year (B.E.) .....

Name-Surname ..... *>>> Please fill in the THAI version form <<<* Age ..... Birthdate (DD/MM/BBBB) .....

Phone number ..... Address .....

## COVID-19 VACCINATION Screening and Consent Form

Please mark ✓ in the box where applicable.

1. You are under 18 years of age.  Yes  No
2. You have experienced a severe allergic reaction to vaccination or drug allergy.  Yes  No
3. You have diagnosed COVID-19 and found it positive in the past 3 months.  Yes  No
4. You have chronic health conditions some of which uncontrollable e.g. heart disease, neurological disease and other diseases that have recently relapsed, unless a regular physician has assessed that the vaccine can be administered.  Yes  No
5. You are pregnant less than 12 weeks.  Yes  No
6. You experienced acute sickness and had to be admitted and discharged from the hospital within the past 14 days.  Yes  No
7. You are now sick such as fever, chills, difficult breathing, or muscle weakness, etc.  Yes  No
8. You have received other vaccines within the past 14 days.  
You have received measles or chickenpox vaccine within the past 1 month.  Yes  No
9. You are very worried about getting the COVID-19 vaccine.  Yes  No

COVID-19 Vaccines are highly effective in protecting people from getting sick or severely ill with COVID-19. Vaccines might not prevent people from non-severe or no symptom illness. Prior to that you are still at risk to Corona virus 2019.

Therefore, you need to follow the advice of all protection measures given by the Centre for the Administration of the Situation due to the Outbreak of the Communicable Disease Coronavirus (COVID-19), the Provincial Communicable Disease Committee, and the Ministry of Public Health, e.g. wearing face mask, social distancing, washing hands, register when entering a place, etc.

COVID-19 Vaccines might have side effects like any other vaccines or drug after getting vaccinated. Possible side effects after getting a COVID-19 Vaccine include fever, chills, pain, swelling or redness where you get the shot, headache, muscle pain, joint pain, weakness, malaise, nausea, vomiting, swelling at axillary lymph nodes.

If you experience discomfort by any of the above side effects after getting a shot, please see a doctor immediately.

I acknowledge the information about COVID-19 vaccination and certify that the information is true on my part. I hereby certify that I

voluntarily consent to COVID-19 vaccination

do not consent to COVID-19 vaccination

.....  
(.....)

Service Provider

.....  
(.....)

Recipient / Authorized Person

.....  
(.....)

Witness (if any)

.....  
(.....)

Witness (if any)

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## COVID-19 Vaccination Record Card

Name-Surname .....

Thai National ID Number .....

Vaccination Service Site .....

Date of Next Vaccination .....

1 <sup>st</sup> Dose Vaccine Name .....	Vaccination Date .....
Lot / SN .....	
Vaccination Time ..... Observation until .....	Vaccinate by .....
2 <sup>nd</sup> Dose Vaccine Name .....	Vaccination Date .....
Lot / SN .....	
Vaccination Time ..... Observation until .....	Vaccinate by .....

### MILD side effects - not require medical attention

- Low fever or headache
- Pain, swelling, redness, itching or heat where the shot
- Weakness or malaise
- Muscle pain, joint pain
- Nausea, vomiting (less than 5 times)
- Mild red rash

The common symptoms will usually self-recovering in 1-2 days.

### SERIOUS side effects - require medical attention

- High fever, chills, severe headache
- Chest pain, difficult breathing
- Frequent vomiting (more than 5 times)
- Whole body rash, peeling skin
- Unusual bruise, spots or bleeding
- Paralysis of the face or lip
- Tiredness, severe joint or muscle pain
- Convulsion or unconsciousness

If you have serious symptoms, seek immediate medical attention at hospital near home or call 1669 for emergency medical services.

In case of any issues or complications as a result of the vaccination,  
please consult your local hospital doctor.