

Student Prevaccination Checklist and Consent Form for BioNTech (BNT162b2) COVID-19

Must check the box after reading the
info sheet carefully.

School name: _____

☐ I have read the COVID-19 vaccine information sheet carefully, I understand the protective efficacy, side effects, and contraindications, as well as the precautions to take.

Must check one of these boxes to indicate
whether you give consent or not.

☐ I consent ☐ I do not consent to the vaccination of my child/teenager with the BioNTech (BNT162b2) COVID-19 Vaccine.

◆ Vaccination location (please select one)

Must select one if you give
consent in the above line.

☐ Your child's school ☐ Local health department/contracted

Student's name: _____ (Grade: _____)

Must use your student's non-Taiwan
passport number and/or ARC number.

Student's national ID/resident certificate/passport number: _____

Student's date of birth (yyyy/mm/dd): _____

Parent or guardian's name: _____ Parent or guardian's national ID/resident
certificate/passport number: _____

Make
sure all
of these
are filled
in.

◆ Prevaccination self-screening

Checklist	Response of vaccine recipient	
	Yes	No
1. Have you ever had a severe allergic reaction to a vaccine or an injectable medication?		
2. Are you currently experiencing physical discomfort (such as a fever of 38°C and above, vomiting, or difficulty breathing)?		
3. Do you have a weakened immune system, for instance, because you're on an immunosuppressive therapy?		
4. Have you had a vaccine injected in the last seven days?		
5. Are you currently pregnant?		

Do not
fill in this
area.

◆ Body temperature: _____°C

☐ Vaccination recommended

☐ Vaccination not recommended. Reason(s):

Date of evaluation (yyyy/mm/dd): _____

Ten-digit code of medical institution: _____ Physician's seal: _____