



KEMENTERIAN KESIHATAN MALAYSIA

# BORANG PERSETUJUAN SUNTIKAN VAKSIN COVID-19

**SUHU :**

Vaksin COVID-19 diberi bagi mengawal penularan COVID-19 di negara ini. Apabila semakin ramai orang mendapat vaksinasi, semakin ramai penduduk membentuk antibodi dan seterusnya mengurangkan kebarangkalian kejadian penyakit COVID-19 yang lebih teruk. Secara tidak langsung kita boleh melindungi golongan berisiko yang tidak layak menerima suntikan vaksin.

Majlis Mesyuarat Khas Jawatankuasa Muzakarah Majlis Kebangsaan bagi Hal Ehwal Ugama Islam yang bersidang pada 3 Disember 2020 mengambil ketetapan bahawa hukum penggunaan vaksin COVID-19 adalah harus dan wajib diambil oleh golongan yang ditetapkan oleh Kerajaan.

Suntikan vaksin COVID-19 ada yang memerlukan satu (1) atau (2) dos bergantung kepada jenis vaksin. Namun terdapat juga individu yang memerlukan dos tambahan dan / atau dos penggalak. Suntikan ini kebiasaannya diberi pada otot bahu kecuali dalam keadaan tertentu. Jenis vaksin yang diberikan bergantung kepada bekalan vaksin semasa.

Pengambilan vaksin COVID-19 ini juga mungkin akan mengakibatkan kesan sampingan yang ringan dan kesan sampingan lain yang akan dilaporkan dari semasa ke semasa.

## SEJARAH KESIHATAN (Sila Lengkapkan)

Adakah anda :

- |  |                             |                                |   |                             |                                |
|--|-----------------------------|--------------------------------|---|-----------------------------|--------------------------------|
| a. Mengalami kesan sampingan teruk (seperti sawan, pengan dan kemasukan ke hospital) selepas mendapat mana-mana imunisasi sebelum ini? | YA <input type="checkbox"/> | TIDAK <input type="checkbox"/> | c. Adakah anda sedang hamil atau bercadang untuk hamil? (bagi wanita) | YA <input type="checkbox"/> | TIDAK <input type="checkbox"/> |
| b. Pernah mempunyai sejarah alahan teruk?  | YA <input type="checkbox"/> | TIDAK <input type="checkbox"/> | d. Adakah anda sedang menyusukan bayi? (bagi wanita)                  | YA <input type="checkbox"/> | TIDAK <input type="checkbox"/> |

Saya telah membaca/ dibacakan tentang maklumat vaksin COVID-19 serta tujuan dan kaedah pemberian suntikan vaksin tersebut seperti mana di helaian Maklumat Vaksin COVID-19 bagi Penerima Vaksin.

Dengan ini, saya memahami bahawa:

1. Pengambilan vaksin COVID-19 ini mungkin akan menimbulkan reaksi serta kesan sampingan seperti yang dinyatakan di dalam maklumat vaksin;
2. Saya bertanggungjawab ke atas risiko yang mungkin berlaku akibat keputusan / tindakan saya ini kerana manfaat vaksin adalah jauh lebih baik daripada kesan sampingannya;
3. Vaksin ini tidak memberi jaminan sepenuhnya kepada saya daripada tidak mendapat jangkitan COVID-19 pada masa akan datang;
4. Dengan menandatangani persetujuan menerima vaksin COVID-19 ini, saya bersetuju dengan rela hati untuk melengkapkan jumlah pengambilan dos vaksin seperti yang dijadualkan.

## Sila lengkapkan persetujuan di bawah (yang mana berkaitan):

- Saya,.....No.K.P/Polis/Tentera .....\***BERSETUJU/ TIDAK BERSETUJU** mendapatkan suntikan Vaksin COVID-19 .....Pfizer .....untuk \* **diri saya**.
- Saya, .....No.K.P/Polis/Tentera..... \***BERSETUJU / TIDAK BERSETUJU** mendapatkan suntikan Vaksin COVID-19 ..... untuk \***ibu bapa / \*orang di bawah jagaan saya** bernama ..... No. K.P/ Polis/ Tentera .....Pfizer .....

### Tandatangan penerima / waris

Nama :  
 No. Kad Pengenalan :  
 Tarikh :

### Tandatangan Saksi

Nama :  
 No. Kad Pengenalan :  
 Tarikh :

\*potong yang tidak berkenaan

**Nota penting:** Rujuk maklumat lanjut mengenai Vaksin COVID-19 di helaian Maklumat Vaksin COVID-19 bagi Penerima Vaksin.

**Terima kasih atas kerjasama yang diberi.**



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# COVID-19 VACCINATION CONSENT FORM

## TEMPERATURE :

The COVID-19 vaccine is provided to control the spread of COVID-19 in the country. As the number of those vaccinated increase, so too the number of those who develop antibodies which will lessen the probability of a more severe illness from COVID-19. Indirectly, we can protect those at risk who are ineligible to receive vaccine injections.

The Special Committee Meeting of the National Muzakarah Committee Meeting Council on Islamic Religious Affairs Malaysia that was held on 3 December 2020 decided that COVID-19 vaccines are permissible and mandatory for those determined by the Government.

The COVID-19 injection vaccines will be administered in either one (1) or more than one doses according to the type of vaccine. However, there will be individual who will need additional dose and/ or booster dose. The vaccine is generally administered into the shoulder muscle except in certain circumstances. The type of vaccine that would be provided is subject to the current vaccine supply.

Receiving COVID-19 vaccines may result in mild side-effects and other side-effects that may be reported from time-to-time.

### MEDICAL HISTORY ((please complete the questions))

Have/ Are you :

- a. Experienced severe side-effects (such as seizure, fainting spells, and hospital admission) after obtaining any previous vaccination(s)? YES  NO
- b. Ever had history of severe allergy? YES  NO
- c. Pregnant or planning to conceive? (for women) YES  NO
- d. Currently breastfeeding? (for women) YES  NO

I have read / it has been read to me the information regarding COVID-19 vaccine, its purpose and the method of administration of the vaccine as provided in the COVID-19 Information Sheet for the Vaccine Recipient.

I hereby understand that:

1. Receiving the COVID-19 vaccines may cause reactions and side-effects as stated in the vaccine information;
2. I am responsible for any risks that may arise as a result of my decision/ action in receiving the vaccine as the benefits of the vaccine outweigh its side-effects;
3. The vaccine does not fully guarantee that I will not be infected with COVID-19 in the future;
4. By signing this consent to receive the COVID-19 vaccine, I voluntarily agree to complete the number of vaccine doses as scheduled.

### Please complete the consent form below (whichever applicable):

- I,..... I.C No/Police/Military.....\***AGREE/ DISAGREE** to receive the COVID-19 Vaccine injection .....Pfizer.....for **\*myself**.
- I,..... I.C No/Police/Military..... \***AGREE / DISAGREE** to receive the COVID-19 Vaccine injection .....for **\*my parents/ \*dependants** named .....I.C No/Police/Military .....Pfizer.....

#### Recipient/ next-of-kin signature

Name :  
 I.C Number :  
 Date :

#### Witness Signature

Name :  
 I.C Number :  
 Date :

*\*Strikethrough irrelevant content*

**Important note :** For further information on the COVID-19 Vaccine, please refer to COVID-19 Information Sheet for Vaccine Recipients.

**Thank you for your kind cooperation.**