**同意接種疫苗廠牌（The brand I agree to be vaccinated with）：**

□AstraZeneca (AZ) □其他(Other):

**被接種者姓名(Name)：**

□本人（Myself） □家屬（Family members） □關係人（Relatives）

**身分證(ID)/居留證(ARC NO.)：**

**護照字號(Passport No.)：**

**出國目的（Purpose of going abroad）：**

□商務(Business) □工作(Work) □留學(Study) □就醫(Medical Care)

□其他(Other):

**□已詳閱COVID-19疫苗接種須知，瞭解此項疫苗之保護效力、副作用及禁忌與注意事項，並同意經醫師評估後接種。**

I have read the COVID-19 vaccination instructions, understand information on the efficacy, side effects, contraindications and precautions of this vaccine, and agreed to receive vaccination after evaluation by a physician.

……………………………………………………………………………………………………………

**醫師評估（Physician's Evaluation）：**

□適合接種（Suitable for vaccination） □不適宜接種（Not suitable for vaccination）；原因（please specify the reason）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**評估日期(Evaluation date)：**\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日(YYYY/MM/DD)

**醫療院所十碼代碼（Ten-yard code for medical institutions）：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**醫師簽章（Physician's signature）：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **COVID-19疫苗自費接種意願書**

####  Form OF Intent for Self-paid COVID-19 Vaccination