

COVID-19 疫苗自費接種意願書

FORM OF INTENT FOR SELF-PAID COVID-19 VACCINATION

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.

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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) : _____