



**COVID-19**

## Vaccination against COVID-19

(This document is intended for school doctors and nurses)

Dear Sir/Madam/Parents,

Our service/centre will be offering **free** vaccinations against SARS-CoV-2 (COVID-19) to pupils over the age of 12. Full vaccination requires 2 doses: a first dose, followed 3 weeks later by a second dose. This vaccination service will be available during the first term of the school year, but only **with parental consent (signed consent form)**.

If you wish, you can attend your child's vaccination to receive your own vaccine.

### THE VACCINE PROTECTS FROM COVID-19:

Covid-19 is an infectious disease that affects people differently.

The physical signs can range from a complete absence of symptoms to the presence of moderate symptoms (flu-like symptoms, difficulty breathing, digestive problems, etc.). Some people will develop severe respiratory failure requiring hospitalisation or even intensive-care treatment.

### VACCINATION:

Your child will be injected in their upper arm.

### REACTIONS AFTER VACCINATION:

The most common side effects in teenagers aged 12 to 15 are pain at the injection site (>90%), tiredness and headaches (>70%), muscle pain and chills (>40%), and joint pain and fever (>20%).

For more information about reporting side effects in Belgium, please visit the Federal Agency for Medicines and Health Products website (AFMPS - <https://www.afmps.be/fr>).

### WHO CAN VACCINATE YOUR CHILD?

The school medical team can vaccinate your child free of charge.

The vaccine can also be administered at a vaccination centre in your region.

### VACCINATION CONSENT

Please let us know your wishes on the next page.

For more information about COVID-19 vaccination, please visit [www.jemevaccine.be](http://www.jemevaccine.be)

CONSENT FORM TO BE FILLED IN



# Vaccination Consent Form

(This document is intended for school doctors and nurses)

Surname, first name of the pupil

.....

Date of birth: ..... / ..... / .....

School: .....

Class: .....

Please affix a HEALTH INSURANCE STICKER IN YOUR CHILD'S NAME or write their BELGIAN NATIONAL NUMBER: - - . - - . - - - - - . - - .

## PLEASE TICK THE APPROPRIATE BOX

- My child has already received 1 or 2 COVID-19 vaccine doses.  
Please enter the dates or provide a copy of the vaccination card.  
1st dose received on ..... / ..... / ..... 2nd dose received on ..... / ..... / .....  
Vaccine name: .....
- I would like the school medical team to vaccinate my child against COVID-19 free of charge.
- I will have my child vaccinated at a vaccination centre in my region.
- I do not currently want my child to be vaccinated for the following reason: .....  
.....

## TO HELP US OFFER A QUALITY SERVICE, PLEASE ANSWER THESE QUESTIONS:

- Has your child ever had a severe allergic reaction to a vaccine (e.g. swollen mouth or throat, difficulty breathing or heart problem)?  YES  NO
- Does your child suffer from / has your child suffered from a disease that reduces the number of platelets (clotting disorder)?  YES  NO
- Has your child received a vaccine within the last 4 weeks or are they due to receive a vaccine in the near future?  YES  NO
  - If yes, which vaccine and when was/will this vaccine be administered?  
.....

Parent's phone number: ..... / .....

Date: ..... / ..... / .....

**PARENT'S SIGNATURE(S):**

I (parent) wish to be vaccinated at the same time as my child.