**STATEMENT OF APPROVAL
Of the receipt of** **CNBG BIO COVID-19 vaccine (Vero Cell), inactivated (Sinopharm)**

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| **Name as in passport:** |  |
| **Date of Birth:** |  |
| **TAJ number:** |  |
| **Address in Hungary:** |  |

Hereby I inform you that you are receiving CNBG BIO COVID-19 (Vero Cell) (Sinopharm). The vaccine contains an inactivated strain of virus that cannot replicate.

The vaccine helps the immune system (the natural defence system of the body) to produce antibodies and blood cells against the virus, thus providing immunity against COVID 19.

Immunity against coronavirus requires two doses of vaccine, 28 days apart. Vaccine protection is only achieved within 7 to 14 days after the second dose of the vaccine.

As with all vaccines, vaccination with Sinopharm may not protect all people who are vaccinated.

People with known hypersensitivity to any of the components (including excipients) or with a history of severe adverse reactions to vaccines (eg. acute hypersensitivity reaction, swelling of limbs, eyes, lips, throat, shortness of breath) or women who are pregnant or lactating or those with a chronic condition in its unbalanced period or in a severely acute stage, cannot be vaccinated.

Vaccination reactions may occur after being inoculated. The most common of these are: pain and swelling at the injection site, headache, temporary fever, tiredness, muscle and joint pain, cough, shortness of breath, nausea, diarrhoea, itching.

Very rare reactions: chills, a distortion of the sense of taste, neck pain, neck swelling, throat irritation, discomfort in the limbs, insomnia.

These are usually mild to moderate and disappear within a few days after receiving the vaccine.

I have read the above information. I voluntarily, without influence, give my consent to the inoculation with the COVID-19 vaccine and to the management of my personal and medical data for epidemiological purposes.

After the vaccination, sometimes an allergic reaction may occur, so I will stay in the medical institution for 30 minutes. If I leave before this time, it is at my own risk.

Gödöllő, 2021………….

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 Patient’s signature