I the undersigned, hereby declare and certify the following:

- I understand that vaccination is voluntary, and I freely and willingly decided to receive the Sputnik V (Gam-COVID-Vac) vaccine (the “Vaccine”) for COVID-19;
- I am at least 18 years of age;
- I have read and understood the Vaccine Contraindications and Precautions made available on the application https://vaccine.pharmaline.com.lb;
- I no hypersensitivity to any component of the Vaccine;
- I have not experienced any severe allergic reaction in the past;
- I am not pregnant or breastfeeding;
- I have no autoimmune disease or disorder that tends to lead to severe and life-threatening conditions;
- I have no malignant neoplasms;
- I do not suffer from epilepsy.

I understand that I have any of the above conditions, (i) I could be at increased risk of having a negative reaction or problem from the Vaccine, (ii) I should consult my doctor, and (iii) that the decision of receiving the Vaccine should be based on the assessment of the benefit/risk ratio in each specific situation. I acknowledge that if I am undergoing immunosuppressive therapy or I am immunosuppressed, I may not develop a sufficient immune response.

I understand that the common risks associated with the Vaccine, include but are not limited to pain, redness or swelling at the site of injection, tiredness, headache, muscle pain, chills, joint pain, fever, nausea, feeling unwell or swollen lymph nodes. I further understand and acknowledge that the Vaccine may cause severe allergic reactions, which can include anaphylaxis (difficulty of breathing, swelling of the face and throat, a fast heartbeat, a rash all over the body, dizziness and/or weakness). I also understand and acknowledge that it is not possible to predict all possible side effects or complications associated with receiving the Vaccine.

I understand that in order for the Vaccine to be effective, I must receive two doses, that it is solely my responsibility to be present at the vaccination center at the scheduled appointments for the two doses, and that my failure to appear for the scheduled appointment to receive the second dose will compromise the effectiveness of the Vaccine. I understand that I may be asked to remain at the vaccination center administration area for at least 30 minutes after the Vaccine is administered to be monitored for potential adverse reactions, and agree to report any complaints that I may have while there. After leaving the facility, I understand that if I experience any side effects, I should abide by the ‘Adverse Events Following Immunization Reporting Procedures’ set by the Lebanese Ministry of Public Health, call my physician or number 140, or go to the nearest emergency department if needed.
I confirm that my personal, demographic and health information, which I have provided directly or indirectly in connection with and for purposes of using the Vaccine (the "Personal Information") through the web application IMPACT (https://covax.moph.gov.lb) and/or the electronic platforms of Pharmatrade Sal and NextCare Lebanon Sal, is true, complete and accurate and not misleading. I understand that my Personal Information will be used to confirm my eligibility for receiving the Vaccine and the location of the vaccination center where I will be administered the Vaccine. I hereby give my consent to share my Personal Information with Pharmatrade Sal, NextCare Lebanon Sal, and the vaccination centers. I hereby further authorize Pharmatrade Sal and NextCare Lebanon Sal to store, use and disclose my Personal Information or any part thereof, and any and all information related to being administered the Vaccine, including but not limited to my outreach for scheduling, the date of my appointments, whether I appear for my appointments, and any information I disclose and/or report to Pharmatrade Sal and NextCare Lebanon Sal related to my experience with the Vaccine, including side effects or the development of COVID-19.

I understand and acknowledge that Pharmatrade Sal and NextCare Lebanon Sal do not provide medical advice and are not making any representations or warranties regarding the Vaccine, its efficiency, or its general safety. I assume full responsibility for any reaction that may result from my use of the Vaccine.

This consent form is governed by Lebanese law. It has been drafted in English and translated to Arabic. In the event of conflict between the two versions, the English version shall prevail.

Full Name:

Date:

Signature: