" 한국의 창을 열고 세계를 누벼라! "

SKIS 교육통신

Singapore Korean International School

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대 상 : G6~12 백신 단체접종대상자
담 당 자 : 김민서
문 의 처 : 6741-0778

COVID-19 백신 단체 접종 안내 및 유의사항

안녕하십니까?

COVID-19 단체 접종을 희망한 학생을 대상으로 실시되는 접종 일정을 아래와 같이 안내드립니다.

아울러 백신접종과 관련된 부작용 및 접종 전·후 유의사항을 알려드리오니 학생 및 학부모님께서는 아래의 내용 및 첨부된 안내자료를 숙지하시고, 주의사항을 꼭 지켜주시기 바랍니다.

또한 첨부된 ① **접종장소 이동방법 신청서** ② LETTER OF CONSENT ③ COMIRNATY COVID-19 VACCINATION FORM(Part A와 Part C만 작성, Part B는 제외)를 **7월 9일까지 제출**해 주시기 바랍니다.

1. 백신 접종일 및 장소

1) **1차 접종** : **2021년 7월 16일(금) 13:30**

※ 학교 → 접종장소(학교차량 이용) → 접종 후, 지정장소에서 귀가

2) **2차 접종** : **2021년 8월 13일(금) 14:30**

※ 방학 중이므로, 사전 신청한 방법에 따라 이동(Opp the nexus→SKIS 13:10~13:30까지 버스 운용)

※ 학교 → 접종장소(학교차량 이용) → 접종 후, 지정장소에서 귀가

3) 접종 장소 : **Senja-Cashew Community Club**(101 Bukit Panjang Rd, S679910)

2. 당일 준비물 : 신분증(싱가포르 비자 카드)

3. COVID-19 백신 접종 후 나타날 수 있는 부작용 및 대처방안(MOH 안내사항)

다른 백신과 마찬가지로 COVID-19 백신 또한 부작용이 나타날 수 있습니다. 대부분의 부작용은 경미한 증상이며 며칠 내 호전됩니다. 아래의 표를 참고하여 주시기 바랍니다.

부작용	대처 방안
주사부위의 통증, 발진, 부종	필요시 6시간 간격으로 Paracetamol 계열의 진통제 1~2알 복용 (예 : Panadol 등)
발열, 오한	
두통, 근육통, 관절통	
피로, 권태감	휴식
목과 팔의 림프절 부종	대개 일주일 후 완화

※ 일반적인 부작용이 지속·악화되는 경우 혹은 발열이 48시간 동안 지속되는 경우, 의사진료를 받기 바랍니다.

※ 드물게 호흡 곤란, 얼굴, 목, 눈, 입술의 부종, 심박수 증가, 어지러움, 힘이 없음, 전신에 발진 등 심각한 알러지 반응이나 아나필락시스 반응이 있는 경우에는 **995에 전화 하거나 가까운 응급실을 즉시 방문하시기 바랍니다.**

4. 백신 접종 전·후 주의사항

백신 접종 전	백신 접종 후
- 식사 거르지 않고 먹기, 미지근한 물 마시기	★ **일주일동안 운동 피하기(학교 체육 포함)** ★ 통증이나 발열 시 NSAIDs 계열 약물 복용 피하기 (예: ibuprofen, naproxen, diclofenac 등)

2021년 7월 8일

싱가포르한국국제학교장

MINISTRY OF HEALTH
SINGAPORE

VACCINATION INFORMATION SHEET
(FOR VACCINATION RECIPIENTS)

PFIZER-BIONTECH / COMIRNATY COVID-19 VACCINE

This vaccine has been granted authorization under the Pandemic Special Access Route (PSAR) by the Health Sciences Authority (HSA) for use in Singapore under the direction of the Ministry of Health.

Read this information carefully. Consult your doctor or clinic if you have questions.

1. What is COVID-19?

COVID-19 is a respiratory illness that can affect other parts of the body, and can range from mild to severe disease. Spread is mainly through droplets, touching contaminated surfaces or in some cases, by airborne routes. Symptoms appear 2 to 14 days after exposure, and include fever, cough, shortness of breath, sore throat, runny nose or loss of smell or taste. Complications include respiratory failure, heart attacks, blood clots and other long-term problems.

2. What is the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine?

The Pfizer-BioNTech / Comirnaty COVID-19 Vaccine is given to protect against COVID-19 for persons 12 years of age and older. The vaccine contains messenger RNA (mRNA) which helps your immune system to produce protective responses and has 95% efficacy against COVID-19.

The vaccine consists of 2 doses. The second dose is due in 21 days but can be taken with an interval of up to six to eight weeks apart. You need both doses to have the full vaccine protection, and for the protection to last as long as possible.

The vaccine has been assessed to be safe for use. However, you may experience common side effects, similar to other vaccines. These usually get better after 1 to 3 days. Section 6 covers vaccine side effects, and Section 7 covers post-vaccination advice.

3. Who should get the vaccine? Who should not get the vaccine?

You should get the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine to be protected against COVID-19, if you don't have any conditions that make COVID-19 vaccination inadvisable.

There are no contraindications to receiving the Pfizer-BioNTech / Comirnaty COVID-19 vaccine apart from the settings and conditions described below.

You should **NOT** get vaccinated if you have an allergic reaction (including anaphylaxis) to a prior dose of this vaccine or to any ingredients in this vaccine (see Section 5). If you had an allergy or anaphylaxis to other vaccines, you may need referral to an allergist.

Tell your doctor or nurse before getting this vaccine if you:

- have a fever in the past 24 hours, or got another vaccine in the past 14 days
- are immunocompromised, or taking treatment that affects your immune system
- have COVID-19 infection before, or received another COVID-19 Vaccine
- are pregnant, or think you may be pregnant
- have active or recent treatment for cancer, organ or stem cell transplantation

You likely can still receive the vaccine. The doctor or nurse will advise if you can proceed to get the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine.

4. How is the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine given?

This vaccine is given as an injection into the muscle of your upper arm. You should return for your second dose of the same vaccine on the stipulated appointment given, to complete your COVID-19 vaccination.

5. What are the ingredients in the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine?

The Pfizer-BioNTech / Comirnaty COVID-19 Vaccine includes the following ingredients: BNT162b2 mRNA; (4-hydroxybutyl) azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate); 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide; 1,2-Distearoyl-sn-glycero-3-phosphocholine; cholesterol; potassium chloride; monobasic potassium phosphate; sodium chloride; dibasic sodium phosphate dihydrate; sucrose

6. What are the possible side effects? How do I manage the side effects?

Like all vaccines, this vaccine can cause side effects. Most side effects are mild or moderate, and usually get better within a few days. The table below lists some common side effects that have been reported with this vaccine, and how to manage them.

Side Effects	How to Manage
Pain, redness, swelling at the injection site	Those with fever are advised to self-isolate at home until the fever subsides. Paracetamol 1 to 2 tablets every 6 hours for adults or dosed according to the child's weight as needed
Fever, chills	
Headache, muscle pain, joint pain	
Tiredness	Rest
Lymph node swelling at neck or arms	Usually gets better by itself in a week or so

See a doctor if the side effects persist or get worse, if the fever persists for more than 48 hours or if respiratory symptoms such as cough, runny nose, sore throat, shortness of breath or loss of sense of taste and smell develops. Very rarely, this vaccine can cause a severe allergic reaction or anaphylaxis. Signs of a severe allergic reaction include difficulty breathing, swelling of your face, throat, eyes or lips, a fast heartbeat, dizziness and weakness, a bad rash all over your body. **If you experience a severe allergic reaction, seek medical attention immediately**. Call 995 or go to the nearest A&E immediately.

These may not be all the possible side effects of the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine. If you experience side effects not listed, please consult your doctor.

7. Any Other Advice Before or After Vaccination?

The following advice is provided for different groups of vaccine recipients:

- If you are on blood thinning medicines, press firmly on the injection site for 5 minutes.
- If you are pregnant, please consult your obstetrician to discuss the risks and benefits, so you can make an informed decision about receiving the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine.
- If you are on active treatment for cancer, please consult your oncologist to discuss the risks and benefits, to assess suitability for receiving the Pfizer-BioNTech / Comirnaty COVID-19 Vaccine.

In general, it is advisable to be well-hydrated and not to skip meals before coming for vaccination. Persons who are dehydrated or fasting may be more prone to fainting after the vaccination.

It is also advisable to avoid possible actions that may stimulate a serious allergic reaction after vaccination:

- Avoid strenuous exercise or physical exertion for 12-24 hours after getting vaccinated
- Avoid drinking alcohol for 12-24 hours after getting vaccinated
- Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs) for pain or fever after vaccination. (NSAIDs include medications like ibuprofen, naproxen, and diclofenac.)

Please note that if you happen to be unwell or acutely ill at the time of your appointment, this can be re-scheduled.

8. How do I report side effects?

You can contact a medical practitioner for further advice. Your healthcare provider will be able to advise you and report the side effects to HSA. You may also report side effects directly to HSA on a form by scanning this **QR code**.

9. What is the Pandemic Special Access Route (PSAR)?

PSAR is an authorisation process by HSA to facilitate early access to vaccines and medicines during a pandemic, such as COVID-19.

The content of this information sheet was updated on 04/06/21. For the latest COVID-19 vaccine consumer information, please refer to the HSA website at https:www.hsa.gov.sg/covid-19-information-and-advisories

MINISTRY OF HEALTH
SINGAPORE

Advisory: Avoid Strenuous Activities One Week Post Vaccination

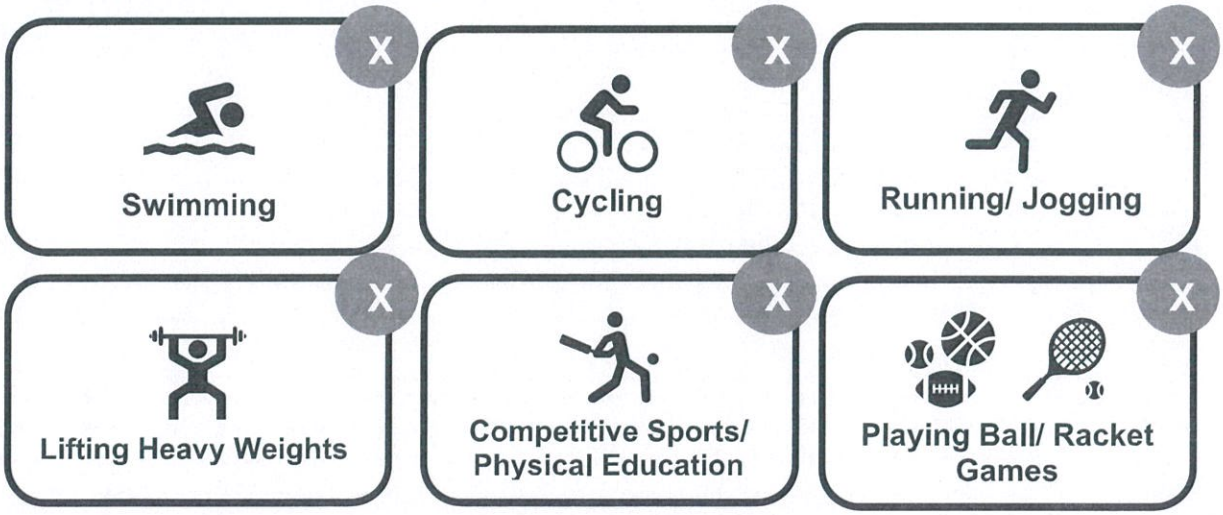
Thank you for taking part in this national vaccination exercise.

We recommend that everyone, in particular adolescents and younger men aged less than 30 years, avoid strenuous physical activity, such as intense exercise, for one week after the first and second doses. Some examples of strenuous physical activity to avoid are running, competitive sports, or playing ball games.

During this time, if you develop any chest pain, shortness of breath or abnormal heart beats, you should seek medical attention immediately.

Your health, safety, and well-being are most important to us. Please heed this advisory.

Examples of Strenuous Physical Activities to avoid:



Examples of Physical Activities that are safe:

백신 접종 장소 이동 방법 신청서

○ 원하는 접종 장소 이동 방법을 선택(√)한 후 2021.7.9.까지 제출해 주세요.

- 접종 장소 : **Senja-Cashew Community Club** (101 Bukit Panjang Rd, S679910)

회차	접종 장소로 이동 방법		접종 후 귀가 방법		
	NO	방법	NO	방법	선택
1차	1	학교에서 모두 차량으로 이동	1	**(도보)** 접종장소에서 바로 귀가	
			2	**(학교버스 이용)** Hillview MRT 하차	
			3	**(학교버스 이용)** King Albert Park MRT 하차	
			4	**(학교버스 이용)** Opp The Nexus 하차	

회차	접종 장소로 이동 방법			접종 후 귀가 방법		
	NO	방법	선택	NO	방법	선택
2차	1	접종장소로 바로 옴 ※ 14:15분까지 도착		1	**(도보)** 접종장소에서 바로 귀가	
				2	**(학교버스 이용)** Hillview MRT 하차	
	2	학교에서 차량으로 이동 ※ 13:35분까지 학교 도착		3	**(학교버스 이용)** King Albert Park MRT 하차	
				4	**(학교버스 이용)** Opp The Nexus 하차	

학반 : _____ 이름 : _____ 학부모 : _____ (서명)

MINISTRY OF HEALTH
SINGAPORE

LETTER OF CONSENT AND AUTHORISATION FOR COVID-19 VACCINATION

Instructions: This letter is to be completed and signed by the parent/legal guardian of the child/ward, who is giving consent for his/her child/ward to receive the COVID-19 vaccination. Please remind your child/ward to provide this letter, duly signed and completed, during his/her vaccination appointments. Only the letter of consent and authorisation are required for verification. To ensure that vaccination for the child/ward may proceed, the parent/guardian must be contactable by the vaccination site staff during his/her child/ward's vaccination appointments should there be any queries.

1 I, _____, _____, am the
(Name) *(NRIC/FIN/ Passport Number)*
parent/legal guardian[1] of _____, _____.
(Name of Child) *(birth cert/identification no.)*

2 I refer to the Vaccination Information Sheet made available for review below providing important information on the COVID-19 vaccine, which I have read and fully understood.

3 I consent for my child/ward to receive both doses of the COVID-19 vaccine in Singapore. I understand and agree that there are possible risks and side-effects to the COVID-19 vaccination. I have reviewed the screening questions at Part B of the COVID-19 Vaccination Form 1 made available for review below and am satisfied that my child/ward is eligible for the COVID-19 vaccination.

4 *(To be completed if applicable)* I also hereby authorise _____
(Name of Local Proxy)
_____, _____, (H/P: +65_____), to arrange for my child/ward's
(Proxy's Local Contact No.)
COVID-19 vaccination appointment on my behalf.

Yours Sincerely,

_____ _____

Signature of Parent/Legal Guardian Date

[1]Delete as appropriate

Information for Reference: Details on the Vaccination Information Sheet and COVID-19 Vaccination Form 1 can be found here: **https://go.gov.sg/visp**

MOH PFIZER-BIONTECH / COMIRNATY COVID-19 VACCINATION FORM - FORM 1
TO BE COMPLETED BY PATIENT (please approach our staff if you need help)

PART A: PERSONAL PARTICULARS *Queue Registration*

NAME (BLOCK LETTERS):	NRIC No./Foreign Identification No.(FIN):

Gender:	Date of Birth (dd/mm/yyyy):	Age:	Ethnic Group:	Residential Status:
☐ Male ☐ Female			☐ Chinese ☐ Indian ☐ Malay ☐ Others	☐ Citizen ☐ Long term ☐ Permanent Resident ☐ Other

Address*:	Handphone Number:
Postal Code:	Email Address*:

PART B: MEDICAL INFORMATION *Waiting Area*

PART B1: FEVER & VACCINATION	**NO**	**YES**
Have you had a fever or any vaccination recently?		
• Fever (Temperature ≥ 37.5°C) in the past 24 hours?	☐	☐
• Any vaccination in the past 14 days?	☐	☐
PART B2: IMMUNOCOMPROMISE	**NO**	**YES**
Do you have any medical conditions causing severe immunosuppression? For example:	☐	☐
• Recent transplant in the past 3 months		
• Aggressive Immunotherapy for non-cancer conditions (eg. rituximab etc)		
• HIV with CD4 count < 200		
PART B3: ALLERGIES TO VACCINES	**NO**	**YES**
Have you ever had any allergic reactions to vaccines:		
• Anaphylaxis: severe reaction with two or more of the following: (a) hives or face/eyelid/lip/throat swelling, (b) difficulty breathing, (c) dizziness	☐	☐
• Have you had rash OR hives OR face/eyelid/lip swelling to vaccines?	☐	☐
PART B4: SPECIAL SITUATIONS (CAN STILL VACCINATE)	**NO**	**YES**
Have you ever had anaphylaxis to medications, insect stings, food or unknown triggers?	☐	☐
Are you currently taking these medications or have these medical conditions?		
• Blood-thinning medications (e.g. warfarin, apixaban, rivaroxaban etc)	☐	☐
• Bleeding disorder or low platelets	☐	☐
• On cancer treatment (immunotherapy / chemotherapy / radiotherapy in the past 3 months **OR** planned in the next 2 months) *Must consult treating oncologist		
• (For Females only) Are you pregnant or suspect that you are pregnant (late menstrual period)? *Must consult obstetrician to discuss risks and benefits of vaccination	☐	☐

PART C: PATIENT DECLARATION AND CONSENT

I declare that the information I have given is true and complete to the best of my knowledge

I have been informed of the risks, benefits and side effects of COVID-19 vaccination, and I wish to receive COVID-19 vaccination

☐ I **AGREE** to receive COVID-19 vaccination; OR ☐ I **DO NOT** wish to receive COVID-19 vaccine**

Name of patient / parent / guardian	NRIC No. / FIN	Signature	Date (dd/mm/yyyy)
			16/07/2021

* Fields not required if names are submitted via nominal roll, appointment booking system and healthcare workers under the self-vaccination exercise.

** If patient **does not** wish to receive COVID-19 vaccine, there is no need to complete **FORM 2**.