Public Health (COVID-19 Vaccines for Emergency Use) (Amendment) Regulations 2021

GN No. 35 of 2021

Government Gazette of Mauritius No. 20 of 4 March 2021

THE PUBLIC HEALTH ACT

Regulations made by the Minister under sections 79A

and 193 of the Public Health Act

- 1. These regulations may be cited as the **Public Health (COVID-19 Vaccines for Emergency Use) (Amendment) Regulations 2021.**
- 2. In these regulations
 - "principal regulations" means the Public Health (COVID-19 Vaccines for Emergency Use) Regulations 2021.
- **3.** The principal regulations are amended by revoking the Schedule and replacing it by the Schedule set out in the Schedule to these regulations.
- **4.** These regulations shall come into operation on 5 March 2021.

Made by the Minister on 4 March 2021.

SCHEDULE [Regulation 3]



MINISTRY OF HEALTH AND WELLNESS

REGISTRATION AND CONSENT FOR COVID-19 VACCINATION

PART I - REGISTRATION FORM

Gender					
00,100	Married/Unmarried				
	Details pertaining	Details pertaining to parent/guardian			
dress		Details pertaining to next of kin			
Occupation		Email address			
Parent/guardian (if applicable)		Preferred language			
		Details pertaining			

Emergency Use Authorisation

The Ministry of Health and Wellness has made the COVID-19 vaccine available following regulatory approval of its use in the United States, United Kingdom, India and other countries as circumstances justify its use in an emergency such as the COVID-19 pandemic. This vaccine has not completed the same type of review and process in those countries as would have been the case in normal circumstances and the Ministry of Health and Wellness is making the vaccine available due to existence of a public health emergency and on the basis of the totality of scientific evidence available for the time being, showing that known and potential benefits of the vaccine outweigh the known and potential risks.

PART II - CONSENT FORM

1. I have been provided with and have read/have been explained in my own language*, the explanations regarding the nature of and implications of the vaccine, the fact sheet about the said vaccine which has been provided to me. I understand that if this vaccine requires 2 doses, the 2 doses of this vaccine shall be administered (given) in order for it to be effective. I have been given an opportunity to ask questions which were answered to my satisfaction/have ensured that the person named above for whom I am authorised to provide

consent was also given a chance to ask questions*. I understand the benefits and risks of the vaccine.

2. I request that the vaccine be administered to me/the person named above for whom I am authorised to make this request and provide consent*. I understand there will be no cost to me for this vaccine. I have been informed that after administration of the vaccine, I will be kept under observation for a period of at least 30 minutes. I authorise release of all information needed, including but not limited to medical records, such information provided by me for the purposes of this form as may be required for other public health purposes, including reporting to any public health institution.

Waiver, Release and Hold Harmless Agreement

- 3. I, together with my parent or guardian, if I am under the age of 18 or under a legal disability, represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows
 - (a) I acknowledge that as a result of the vaccination, certain risks are involved and that any adverse event following immunisation which might include injuries and death could occur to me. I accept and voluntarily incur and assume all risks of any adverse event following immunisation, including injuries and death that arise during or result from the administration of the vaccine;
 - (b) without limiting my assumption of the general risks described above, I specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19 –
 - COVID-19 has been declared a worldwide pandemic by the World Health Organization;
 - (ii) COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;
 - those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;
 - (iv) COVID-19 can cause serious and potentially life threatening illness and even death;
 - COVID-19 has recently shown signs of mutation in several countries like the United Kingdom, Brazil, South Africa and Japan.

consent was also given a chance to ask questions*. I understand the benefits and risks of the vaccine.

2. I request that the vaccine be administered to me/the person named above for whom I am authorised to make this request and provide consent*. I understand there will be no cost to me for this vaccine. I have been informed that after administration of the vaccine, I will be kept under observation for a period of at least 30 minutes. I authorise release of all information needed, including but not limited to medical records, such information provided by me for the purposes of this form as may be required for other public health purposes, including reporting to any public health institution.

Waiver, Release and Hold Harmless Agreement

- 3. I, together with my parent or guardian, if I am under the age of 18 or under a legal disability, represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows
 - (a) I acknowledge that as a result of the vaccination, certain risks are involved and that any adverse event following immunisation which might include injuries and death could occur to me. I accept and voluntarily incur and assume all risks of any adverse event following immunisation, including injuries and death that arise during or result from the administration of the vaccine;
 - (b) without limiting my assumption of the general risks described above, I specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19 –
 - COVID-19 has been declared a worldwide pandemic by the World Health Organization;
 - (ii) COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;
 - those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;
 - (iv) COVID-19 can cause serious and potentially life threatening illness and even death;
 - (v) COVID-19 has recently shown signs of mutation in several countries like the United Kingdom, Brazil, South Africa and Japan.

- 4. Notwithstanding the foregoing, I hereby choose to accept, and freely and voluntarily assume, the risks set out in this Form.
- 5. I waive all claims against the State of Mauritius, the Global Health Partnership also known as GAVI Alliance, donor States or organisations, manufacturers of the vaccine and their agents or preposés for any adverse event following immunisation, including injuries and death, whether known or unknown, foreseen or unforeseen, which arise from/during or as a result of the vaccine, regardless of whether or not caused, in whole or in part, by the negligence or other fault on their part, I release and forever discharge them from all claims
- 6. I agree to indemnify and hold the above parties harmless from and against any and all losses, liabilities, damages, costs or expenses, including but not limited to reasonable attorneys' fees and other litigation costs and expenses incurred by any of these parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of them to recover any losses, liabilities, costs, damages, or expenses that arise during or result from the vaccine.
- 7. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement/The above has been carefully been explained to me in my own language* and given assistance in responding to questions set out in the Screening Questionnaire, which is governed by the laws of Mauritius.
- 8. I have read and fully understand the contents of this Form/have been explained in my own language* and fully understand the contents of this Form and I execute it voluntarily.
- 9. I undertake to -
 - (a) attend the same vaccination centre on the date scheduled for the second dose as specified in this Form and in such COVID-19 Vaccination Record Card as may be provided to me;
 - (b) attend the same vaccination centre where the vaccine was administered in case any adverse event following immunisation; and
 - (c) bring and produce the COVID-19 Vaccination Record Card provided to me.

Signature of recipient/parent/guardian	Name	Relationship to patient, if other than recipient
Date		Time

PROCEED TO VACCINE ADMINISTRATION STATION

Dosage given Dosage given AstraZeneca Other (please specification) Pfizer				
Dosage given AstraZeneca ☐ (please specification ☐)				
	y)			
Pfizer				
Batch no.				
Date of expiry				
I have reviewed the contents of this Registration and Consent Form patient/parent of patient/guardian of patient*. I confirm that the patient/parent of patient/guardian of patient* was give opportunity to ask questions about the vaccine, and I have, to the best o ability, answered all the questions asked by them. I confirm that recipient of the vaccine is an eligible person.	n an			
Name of recipient/parent/guardian Signature of recipient/parent/guardia	in			
Name of Doctor who explained the above Signature of Doctor who explained the a	above			
Name of Vaccinator Signature of Vaccinator				
Name of witness Signature of witness				
Date				
Observation Period at Vaccination Centre	ijs.			
(To be filled by health care personnel)				
Observation period at Vaccination Centre Time in Time out				
dverse Event Following Immunisation noted				
xpected date of second dose				

Second dose vaccine				
Date	Brand of	vacc	ine**	Other
Dosage given	AstraZer	neca		(please specify)
Time of vaccination	Pfizer			
	Batch no			
	Date of e	expiry		
I have reviewed the conte patient/parent of patient/gua			•	onsent Form with
I confirm that the patient/p opportunity to ask questions my ability, answered all the	s about the	vac	cination, and I ha	
I confirm that recipient of the	e vaccine is	an	eligible person.	
Name of recipient/parent/guard		5	ignature of recipient/	
Name of Doctor who explained th		Sign	ature of Doctor who e	
Name of Vaccinator			Signature o	f Vaccinator
Name of witness			Signature of v	vitness
01110	Date		100000	

Observation Period (To be filled by h			
Observation period at Vaccination Centre	Time in	Time out	17.54
Adverse Effect Following Immunisation noted			

^{*} Delete as appropriate. ** Tick as appropriate.

	Secon	Second dose vaccine			
Date	Brand	of vacc	ine**		
Dosage given	AstraZ	eneca			Other (please specify)
Time of vaccination					
	Pfizer				
	Batch i	10.			
	Date of	expiry			
I confirm that recipient of t Name of recipient/parent/gua	 rdian	S	ignature of r	ecipient/	parent/guardian
vame of Doctor who explained	the above	Sign	iture or Doc	Or WITO 6	explained the above
Name of Vaccinator		Signature of Vaccinator			
Name of witness	ra.c.:		Signa	ture of v	vitness
Name of witness	Dat			iture of v	vitness