

(非正式译文, 如有问题, 以中文为准)
Unofficial translation, for reference only.
In case of discrepancies, the Chinese version shall prevail.

接种新型冠状病毒灭活疫苗免责承诺书

Letter of Commitment on Receiving Inactivated COVID-19 Vaccine (Vero Cell)

本人_____，性别____，出生于____年____月____日，中国居民身份证号（或中华人民共和国护照、旅行证号）_____。本人已认真阅读后附《新型冠状病毒灭活疫苗接种知情同意书》，认同文件内容，自愿、自费接种新型冠状病毒灭活疫苗，承诺将向现场工作人员如实告知本人的健康状况和接种禁忌等情况。本人已清楚了解疫苗的品种、作用、禁忌等以及接种疫苗可能导致的不良反应，对选择接种疫苗引起的一切风险和责任完全由本人自行承担。

Name: _____

Gender: Male Female

Date of Birth: ____ / ____ / ____ (yyyy/mm/dd)

Resident ID/Passport/Travel Document No.: _____

Employer: _____

Phone Number: _____

I have read the attached *Inactivated Vaccine (Vero Cell) Consent Form* and agree to its content.

I consent to voluntary vaccination and will pay for all relevant expenses.

I will truthfully inform on-site health workers of my personal information such as health conditions and vaccine contraindications.

I am fully aware of the type, usage of the vaccine and its contraindications, as well as the possible adverse reactions after vaccination.

I shall bear all risks and responsibilities associated with vaccination.

本人签名 (Signature):

日期 (Date): ____ / ____ / ____ (yyyy/mm/dd)

特别提醒：本免责承诺书一式三份（受种者 1 份、接种组织单位 1 份、驻 XX 国使（领）馆 1 份），请妥善保管。

Reminder: This Letter of Commitment is in triplicate (one for the recipient, one for the organizer, and one for the Embassy/Consulate of the People's Republic of China in XXX). Please keep it properly.