



REPUBLIC OF CYPRUS
MINISTRY OF HEALTH

APPLICATION FORM A

4th dose vaccination against COVID-19 for homebound* patients who have already received their previous doses through the domiciliary immunization service for COVID-19

Vaccination against COVID-19 reduces the risk of infection from the SARS-CoV-2 virus, which causes COVID-19 disease. The vaccine is given to prevent COVID-19 infection. It stimulates the body’s natural production of antibodies and the cellular immune response for protection against the disease.

This form is used for the purposes of the domiciliary immunization service for homebound patients who are eligible to receive the 4th dose of the COVID-19 vaccine and who have already completed the prior three doses at home. The Ministry of Health is responsible for the coordination and administration of this service. Vaccines are administered by nursing staff who are employed by the Domiciliary Nursing Service of the State Health Services Organisation. The domiciliary nursing service will arrange the appointments for the applicants.

This form must be completed in full and signed by the applicant, or by the next of kin should the applicant be unable to sign him/herself.

I fully understand the advantages of the administration of a 4th dose of vaccination against COVID-19, as well as the risks of not vaccinating. As with all medication and vaccines, complications may arise. Most of these are mild, short term and not prevalent. I understand that in the rare case of anaphylactic reaction, emergency treatment will be provided.

The vaccine is used to prevent COVID-19 illness. It stimulates the body’s natural production of antibodies and cellular immune response for protection against COVID-19.

I have been informed that I cannot receive the vaccine in case of allergy to its active component or any other of its components.

I verify that I have discussed with my Personal Doctor about the administration of the fourth vaccine dose for COVID-19:

- If I am severely ill with a high fever. However, a mild fever or mild upper respiratory system inflammation, like a cold, are not sufficient reasons to postpone the vaccine
- If I have a weakened immune system, as a result of HIV infection or immunosuppressive medication
- If I have a bleeding disorder, bruise easily, or take blood thinners
- If I have suffered an anaphylactic reaction in the past
- If I currently receive or have received in the recent past other medication or another type of vaccine

Personal Details (to be completed by the applicant or their representatives during the nursing visit)

Full name:.....

Date of Birth:..... ID number:.....

Gender:..... Ethnicity:.....

Place of Residence in full:.....

Patient signature or representative:.....Telephone number:.....

Name in full (in case of representative):..... Relation:

*homebound patients as defined in the National Health System (GeSY)