



Surname, Name, date of birth  
or  
Patient label

## Assessment of capacity of discernment of adolescents aged 12 to 15 for the COVID-19 vaccination in the Canton of Vaud

- ☐ I understand the risks and benefits of vaccinating myself against COVID-19
- ☐ I understand the risks and benefits of not vaccinating myself against COVID-19
- ☐ I want to be vaccinated against COVID-19

My parents are aware that I want to be vaccinated against COVID-19

☐ Yes ☐ No

My parents agree that I get vaccinated against COVID-19

☐ Yes ☐ No

Place and date of vaccination : \_\_\_\_\_

Signature of the adolescent : \_\_\_\_\_

Carer's name : \_\_\_\_\_

Carer's signature : \_\_\_\_\_