

Vaccine Trial Informed Consent Form

1. Participant Information

Full Name

Date of Birth

Contact Information

2. Study Information

3. Purpose of the Study

4. Procedures

5. Risks and Discomforts

6. Potential Benefits

7. Confidentiality

8. Voluntary Participation & Withdrawal

9. Who to Contact

10. Consent Declaration

☐ I have read and understood the information provided above. I freely agree to participate in this vaccine trial.

Participant Signature

Date

Witness Signature (if required)