

COVID-19 Vaccine now available

Columbia International College has been authorized by Hamilton Public Health to administer

- **COVID-19 Pfizer Vaccine to students 12 and above**

CIC nurses have been trained by the Hamilton Public Health, to administer the vaccines.

- All Covid-19 vaccine documents and records must be submitted to the Medical Clinic prior to arrival.
- Personal health information is kept confidential and will not be shared without consent, unless required by law.

Parental Consent

The attached consent form must be completed and returned should you choose that your child/children receive the Covid-19 vaccine.

Medical Clinic email address: medicalclinic@cic-totalcare.com. Copy your Admissions/Liaison officer

Benefits

- For convenience the vaccine will be administered on the premises of CIC.
- Transportation to a public clinic will not be required - Students will receive the vaccine in the comfort of their individual residence.
- Students will safely remain in CIC's protective cohort and not mix with the general public.
- CIC's Medical team will be available to students to provide after vaccine care, should there be any concerns.
- Your child's Admissions/Liaison staff will be available to support and communicate.

PFIZER

Name: BNT162b2

Manufacturer: Pfizer, Inc., and BioNTech

Type of Vaccine: mRNA

Number of Shots needed: 2 shots, 16 wks apart

Where it is given: Shot in the muscle of the upper arm

Does NOT Contain: Eggs, preservatives, latex

Possible Side Effects

In the arm where the vaccine was administered:

Pain
Redness
Swelling

Throughout the rest of your body:

Tiredness
Headache
Muscle pain
Chills
Fever
Nausea

These side effects usually start within a day or two of getting the vaccine. Side effects might affect your ability to do daily activities, but they should go away in a few days.

Returning Students

All returning students who signed-out of residence can return in August 2021 to receive the Vaccine with parental consent.

COVID-19 Vaccine Consent Form

Parents who wish to have their child/children vaccinated with the COVID-19 vaccine at CIC can complete this Consent form and return:

To: CIC's Medical Clinic - medicalclinic@cic-totalcare.com and copy your **Admissions/Liaison officer**

I give permission to CIC Medical & Wellness Clinic to vaccinate my child with the Health Canada approved age-appropriate COVID-19 Vaccine.

By signing below, I acknowledge that I have read and fully understood the details above

Student Name Student ID Student Date of Birth

Parent/ Guardian Name Parent/ Guardian Signature Date

Student signature will be required at the time of vaccination.

Student ID Student Date of Birth

Student Name Student Signature Date