

VACCINE 疫苗	DATE GIVEN 接種日期	DOCTOR OFFICE OR CLINIC 醫生辦公室或診所		DATE NEXT DOSE DUE 下一劑疫苗 接種日期
<b>PNEUMOCOCCAL</b> 肺炎球菌	1	<input type="checkbox"/> PCV <input type="checkbox"/> PPV		
	2	<input type="checkbox"/> PCV <input type="checkbox"/> PPV		
	3	<input type="checkbox"/> PCV <input type="checkbox"/> PPV		
	4	<input type="checkbox"/> PCV <input type="checkbox"/> PPV		
<b>MENINGOCOCCAL</b> (meningitis) 腦膜炎球菌		<input type="checkbox"/> MCV <input type="checkbox"/> MPV		
		<input type="checkbox"/> MCV <input type="checkbox"/> MPV		
<b>INFLUENZA</b> 流行性感冒		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray		
		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray		
		<input type="checkbox"/> Shot <input type="checkbox"/> N. Spray		

TB SKIN TESTS* 結核病 (TB) 皮下 測試*	Type**	Date given	Given by	Date read	Read by	mm indur	Interpretation
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg
	<input type="checkbox"/> PPD-Mantoux <input type="checkbox"/> Other _____	/ /		/ /			<input type="checkbox"/> Pos <input type="checkbox"/> Neg

\* A chest x-ray may be indicated if skin test is positive.

\*\* If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY 胸部X光照射  (Necessary if skin test positive.)	Film date: ____/____/____ Interpretation: <input type="checkbox"/> normal <input type="checkbox"/> abnormal Person is free of communicable tuberculosis: <input type="checkbox"/> yes <input type="checkbox"/> no  Signature/Agency: _____
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**Parents:** Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of immunization.

家長: 您的子女必須符合加州免疫注射要求才能註冊入學和上託兒所。請保留本記錄作為免疫注射證明。

## IMMUNIZATION RECORD 免疫注射記錄



Name  
姓名

Birthdate  
出生日期

Allergies  
過敏反應

Vaccine Reactions  
對接種疫苗的反應

RETAIN THIS DOCUMENT — 保留本文件

Name	Sex	Birthdate		
VACCINE 疫苗	DATE GIVEN 接種日期	DOCTOR OFFICE OR CLINIC 醫生辦公室或診所		DATE NEXT DOSE DUE 下一劑疫苗 接種日期
<b>POLIO</b> 小兒麻痺 症疫苗	1	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	2	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	3	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
	4	<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
<b>DTaP</b> 新白喉、 破傷風和 百日咳疫 苗混合劑 <b>Tdap</b>	1	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	2	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	3	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	4	<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
		<input type="checkbox"/> DTaP <input type="checkbox"/> Tdap <input type="checkbox"/> DT/Td		
	6	<input type="checkbox"/> Tdap <input type="checkbox"/> Td		
<b>Td</b> 破傷風、 白喉疫 苗混合劑 <b>DT</b> 白喉、破 傷風疫 苗混合劑	1			
	2			
	3			
	4			
<b>HIB</b> 乙型流行性 腦膜炎	1			
	2			
	3			
	4			
<b>HEPATITIS B</b> 乙型肝炎	1			
	2			
	3			
<b>MMR</b> 麻疹、 流行性腮腺炎 和 風疹疫苗 混合劑	1			
	2			
<b>VARICELLA</b> (chickenpox) 水痘 <input type="checkbox"/> Had disease 患過病				
<b>HEPATITIS A</b> 甲型肝炎	1			
	2			

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

DT/Td = diphtheria, tetanus [白喉、破傷風]

DTaP/Tdap = diphtheria, tetanus, and pertussis (whooping cough) [白喉、破傷風及百日咳]

HIB = Hib meningitis (Haemophilus influenzae type B) [乙型流感嗜血桿菌腦膜炎]

IPV = inactivated polio vaccine [滅活小兒麻痺疫苗]

MCV = meningococcal conjugate vaccine [腦膜炎球菌共軛疫苗]

MMR = measles, mumps, rubella [麻疹、腮腺炎、風疹]

MPV = meningococcal polysaccharide vaccine [腦膜炎球菌多糖疫苗]

N. Spray = nasal spray influenza vaccine (LAIV) [鼻腔噴霧流感疫苗 (LAIV)]

OPV = oral polio vaccine [口服小兒麻痺疫苗]

PCV = pneumococcal conjugate vaccine [肺炎雙球菌疫苗]

PPV = pneumococcal polysaccharide vaccine [肺炎球菌多糖疫苗]