



Oregon Certificate of Immunization Status

俄勒岡州免疫狀態證書

Oregon law requires proof of immunization or exemption signed prior to a child's attendance at school, preschool, child care or home day care. This information is being collected on behalf of the Oregon Health Authority and may be released to the Authority or the local public health department by the school or children's facility upon request of the Authority.

俄勒岡州法律要求在兒童上學、讀學前班、上託兒所或接受家庭日託之前提供免疫證明或已簽署的豁免證明。這些資料是代表俄勒岡州衛生局收集，且可能由學校或兒童託護設施回應當局之要求而將其釋出予當局或當地公共衛生部門。

Child's last name 小孩的姓氏	First name 名字	Middle name 中間名	Birth date 出生日期
Parents' or Guardians' names 父母或監護人的姓名		Phone number 電話號碼	

Write the dates the child received the vaccines
寫下小孩接種疫苗的日期

Vaccines / 疫苗	Dose 1 第 1 劑	Dose 2 第 2 劑	Dose 3 第 3 劑	Dose 4 第 4 劑	Dose 5 第 5 劑
Diphtheria/Tetanus/Pertussis(DTaP) 白喉/破傷風/百日咳疫苗					
(Tdap)					
Polio (IPV) 脊髓灰質炎疫苗(IPV)					
Varicella (Chickenpox) 水痘疫苗 (雞痘)			<input type="checkbox"/> Check if child had chickenpox disease 如果小孩出過水痘，請別選 Date / 日期		
Measles/Mumps/Rubella (MMR) 麻疹/腮腺炎/風疹疫苗 (MMR)					
Hepatitis B (Hep B) 乙型肝炎疫苗 (乙肝)					
Hepatitis A (Hep A) 甲型肝炎疫苗 (甲肝)					
Haemophilus Influenzae Type B B 型流感嗜血桿菌疫苗					

I certify that the information on the form is an accurate record of this child's immunizations.
我證明表格上的資料是這個小孩免疫接種的準確記錄。

Signature* 簽名*	X	Date 日期	
Update signature 更新簽名	X	Date 日期	

* Parent, guardian, student at least 15 years of age, medical provider or county health department staff person may sign to verify vaccinations.

* 父母、監護人、已年滿 15 歲的學生、醫護服務提供者或縣衛生部門的職員可簽名核實疫苗接種情況。

Child's last name 小孩的姓氏	First name 名字	Middle name 中間名	Birth date 出生日期
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Other vaccines received 曾接種的其他疫苗		Medical exemptions and immunity documentation 醫療豁免和免疫備案文件
Vaccine name 疫苗名稱	Date 日期	
		Medical exemptions and immunity documentation require a letter signed by a licensed physician submitted to your child's school or child care. For the requirements go to www.healthoregon.org/medicalexemptions 醫療豁免和免疫備案文件需要佐配由執業醫生簽署的信函，並提交給貴小孩的學校或託兒所。相關要求請參見： www.healthoregon.org/medicalexemptions

Nonmedical exemption / 非醫療豁免

I have received information regarding the benefits and risk of immunizations. I understand my child may be excluded from school or child care if there is a case of disease that could be prevented by vaccine.

I have attached the required document from (check one):

- The vaccine module approved by the Oregon Health Authority
- A health care practitioner

我已收到有關免疫接種的益處和風險的資料。我明白，如果發生本可通過疫苗預防的疾病，我的小孩可能無法上學或無法上託兒所。

我附上了得自以下機構或人員的必要文件（請別選一項）：

- 俄勒岡州衛生局批准的疫苗範本文件
- 醫療保健執業者

I request that my child be exempted from the following required immunizations (check all that apply):

我請求讓我的小孩豁免以下所需的免疫接種（請別選所有適用項）：

- Diphtheria/Tetanus/Pertussis / 白喉破傷風/百日咳疫苗
- Polio / 脊髓灰質炎疫苗
- Varicella / 水痘疫苗
- Measles/Mumps/Rubella / 麻疹腮腺炎/風疹疫苗
- Hepatitis B / 乙肝疫苗
- Hepatitis A / 甲肝疫苗
- Hib / 流感嗜血桿菌疫苗

Optional / 可選填

Immunizations are being declined because of:

拒絕免疫接種的原因：

- Religious belief / 宗教信仰
- Philosophical belief / 哲學信仰
- Other / 其他

Signature 簽名	X	Date 日期	
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Instructions for Completing the Certificate of Immunization Status

Contact information:

Complete information for your child including full name, birthdate, current mailing address, parents' or guardians' names and phone number. This information will be used to contact you if there are questions about your child's immunization history.

Required vaccines (Front):

Fill in the month/day/year that your child received each dose of vaccine. Doses must be listed in the order received. Check with your child's school or daycare to find out which vaccines are required for your child's age or grade.

Signature:

The parent or guardian signature is a sworn statement that the child's record is accurate. The signature of a physician or local health department is not required but it is acceptable. People 15 years and older can sign their own records. **Every time you add on to your child's information you need to resign the form.**

Recommended vaccines (Back):

For any vaccine not listed on the front, fill in the month/day/year that your child received each dose of vaccine.

Exemptions:

Oregon allows medical and nonmedical exemptions.

For a nonmedical exemption, check the appropriate box and submit one of the following required documents:

1. A certificate signed by a health care practitioner verifying discussion of the benefits and risks of immunization, or
2. A certificate of completion of the vaccine educational module about the benefits and risks of immunization.

Indicate which vaccines you are exempting your child from by checking the boxes. Sign and date on the indicated line.

For a medical exemption or proof of immunity, submit a letter from your child's physician to the school or child care.

免疫狀況 證明書填寫說明

聯絡資料：

貴小孩的完整資料，包括全名、出生日期、目前的郵寄地址、父母或監護人的姓名和電話號碼。如果對貴小孩的免疫接種史有疑問，將使用這些資料與您聯絡。

所需接種的疫苗（正面）：

填寫貴小孩接種每劑疫苗的月/日/年。各劑疫苗必須按照接種順序列出。請諮詢貴小孩的學校或託兒所，了解貴小孩就其年齡或所讀年級而需要接種哪些疫苗。

簽名：

父母或監護人的簽名是對小孩記錄準確無誤的宣誓聲明。不需要醫生或當地衛生部門的簽名，但可以接受這些簽名。已年滿 15 歲的人士可以在自己的記錄上簽名。每次添加貴小孩的資料時，您都需要重新簽署表格。

推薦接種的疫苗（背面）：

對於正面未列出的任何疫苗，請填寫貴小孩接種每劑疫苗的月/日/年。

豁免：

俄勒岡州允許醫療和非醫療豁免。

對於非醫療豁免，請剔選相應的方格並提交以下所需文件之一：

1. 由醫療保健執業者簽署的證明，其可用於證實對免疫接種的益處和風險做過討論，或
2. 完成了有關免疫接種的益處和風險的疫苗教育單元的證書。

剔選方格，指明您將讓您的小孩豁免接種哪些疫苗。在所指明的那一行上簽名並註明日期。

如需醫療豁免或免疫證明，請向學校或託兒所提交貴小孩的醫生出具的信函。

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Oregon Immunization Program

公共衛生部
俄勒岡州免疫接種計劃