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For Official use only						
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Cash	\$100	\$300	\$1000	23	15	

接種季節性流感/肺炎鏈球菌疫苗健康問卷及同意書 Seasonal Influenza / Pneumococcal Vaccine Health Assessment Form and Consent

中文姓名Chinese: 張三 英文姓名 English: (姓Surname) Cheung (名Given name) : Sam

性別Gender: 男 電話Contact No: 91234567 年齡Age: 30

身分證號碼ID No: A123456(7) 出生日期 DOB: 1993-01-01

適用於 <u>季節性流感疫苗</u> Applicable to <u>Seasonal Influenza Vaccine</u>		是 Yes	否 No
1	你以往是否曾接種流感疫苗？ Have you ever received influenza vaccination?		
2	你是否會出現過敏反應? Do you have a severe allergic reaction to the following?(Please specify) <input type="checkbox"/> 雞蛋Egg <input type="checkbox"/> 新霉素Neomycin/ <u>慶大霉素</u> Gentamicin <input type="checkbox"/> 疫苗Vaccine <input type="checkbox"/> 其他(Others):		
3	你是否出血病症患者或正服用抗凝血劑? Are you suffering from any bleeding disorder or on anticoagulants?		
4	你是否懷孕? Are you pregnant ?		
適用於 <u>肺炎鏈球菌疫苗</u> Applicable to <u>Pneumococcal vaccination</u>		是 Yes	否 No
1	你是否有以下高風險情況? Do you have following: <input type="checkbox"/> 長期心血管疾病 chronic cardiovascular disease <input type="checkbox"/> 高膽固醇high cholesterol <input type="checkbox"/> 肥胖obesity <input type="checkbox"/> 糖尿病diabetes mellitus <input type="checkbox"/> 曾患侵入性肺炎球菌病invasive pneumococcal disease <input type="checkbox"/> 腦脊液滲漏cerebrospinal fluid leakage <input type="checkbox"/> 裝有人工耳蝸cochlear implant <input type="checkbox"/> 免疫力弱immunological disease <input type="checkbox"/> 嚴重呼吸系統疾病severe respiratory disease <input type="checkbox"/> 欠缺自我照顧能力lack of self take care ability <input type="checkbox"/> 腎病kidney disease <input type="checkbox"/> 肝病liver disease		
2	你是否會對肺炎球菌疫苗或該成分或含有白喉類毒素的疫苗出現過敏反應? Have you ever developed an allergic reaction following a prior dose of pneumococcal vaccine or to the vaccine component or any diphtheria toxoid-containing vaccine?		
3	你是否正在接受癌症的化療或電療或將會少於兩周後進行脾臟切除手術? Are you currently under chemotherapy or radiotherapy for cancer or plan to undergo splenectomy in less than two weeks' time?		

聲明 Declaration

本人聲明以上所提供之資料全屬正確，同意接受疫苗接種，並同意所提供的資料將用作劍苗醫療為本人作健康評估及醫護跟進的用途，如有需要可依據本人所提供之資料與本人聯絡。I declare that the information provided is correct and consent to receive the vaccination. I agree that the information provided will be used for my health assessment and medical follow-up. if necessary, I can be contacted.

我是本表格之簽署人是參加者或其/監護人: 我 同意參加者接受上述由醫護決定的任何針藥或疫苗注射。醫護人員已向我詳細解釋此項針藥或疫苗注射及所需要的性質、目的、主要風險和可能引起的併發症。我明白醫護人員向我作出的解釋。我明白醫護並無保證有關針藥或疫苗注射的成效。我同意上述針藥或疫苗注射即使改期，本表格仍然生效和具有約束力。I, the undersigned participant or guardian, agree for the participant to receive any injections of medication or vaccines as determined by healthcare providers. Healthcare providers have provided me with a detailed explanation of the nature, purpose, main risks, and potential complications of such injections. I understand the explanations provided by healthcare providers. I understand that healthcare providers do not guarantee the effectiveness of the injections. I agree that the above injections, even if rescheduled, remain valid and binding on this form.

1. 參加者或其/監護人必須確保參加者為本季度第一次接種該疫苗，如重複接種本醫療中心並不附上任何責任。2. 注射處出現短暫的紅、腫、熱、痛的局部炎性反應是很常見，這些局部反應一般都比較輕微，大多在兩三天後自行消退，屬於注射任何針藥或疫苗的正常反應。3. 如果注射任何針藥或疫苗後部位的紅、腫、熱、痛持續性加劇，局部淋巴結明顯腫大、疼痛，說明有可能出現繼發性感染，要及時到醫院處理。4. 一般在注射任何針藥或疫苗後的 24 小時內可能出現、發燒、同時常伴有乏力、嗜睡、煩躁和全身不適等反應；少數還可能有噁心、嘔吐、腹痛、腹瀉等胃腸道症狀或引起局部/全身性的皮疹，如出現氣促及呼吸困難者，要及時到醫院處理。5. 注射任何針藥或疫苗也有風險，有時可導致接種者不適，最嚴重的情況可引致死亡；但多數副作用僅會造成微小的影響，嚴重的狀況較少發生。6. 18 歲以下人士需家長或監護人陪同或同意下才可接種。1. Participants or their guardians must ensure that the participant is receiving the vaccine for the first time this quarter; the medical center bears no responsibility for repeated vaccinations.2. Temporary redness, swelling, heat, and pain at the injection site are common and typically mild, usually resolving on their own within two to three days, considered normal reactions to any injection. 3. If redness, swelling, heat, or pain at the injection site worsens and there is significant swelling and pain in the local lymph nodes, secondary infection may be present, and immediate medical attention is necessary. 4. Within 24 hours of receiving any injection, fever, fatigue, drowsiness, irritability, and general discomfort may occur; some may also experience nausea, vomiting, abdominal pain, diarrhea, or localized/systemic rashes. Seek medical attention promptly if experiencing shortness of breath or difficulty breathing. 5. There are risks associated with receiving any injection, which can lead to discomfort and, in severe cases, death; however, most side effects are minor, and severe reactions are rare. 6. Individuals under 18 years of age require parental consent or accompaniment for vaccination.

參加者 / 監護人簽署同意:

Participant / Guardian's Signature: _____