Immunisation Registration Form

SECTION I: Personal Information

Name of Applicant¹

: Tang 2 2020

Date of Birth Gender

□ Male √Female

Travel Document No.2

Country of Birth



SECTION II: Immunisation Information

Please read the Useful Information carefully before filling up this registration form

s/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name⁴	Exempted ⁵	Singapore Immunisation Requirements (Application Approval Criteria)			
1	Diphtheria, Tet	anus, Pertussis		* Minimum age for Diphtheria vaccination is 6 weeks old				
	Dose 1	16/06/2020	TTP		* Minimum interval to next vaccine dose :			
	Dose 2	2016717000	DIP		- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks			
	Dose 3	24/08/7070	DIP		- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1):			
	Booster 1	13/09/20>1	PIP		6 months			
	Booster 2	DD/MAGYYYY			- between Booster dose (i.e. Booster 1/2) : 6 months			
2	Measles	A			* Minimum age for Measles vaccination is 12 months old 6			
	Dose 1	30/08/2021	IMMP		* No. of Measles vaccination to be completed:			
	Dose 2	≥6/05/x024	MMR		-1 dose if child is 12 months and above			
					- 2 doses if child is 15 months and above			
			And to account the property of		* Minimum interval to next vaccine dose : 4 weeks			

5/N	Dose Sequence	Vaccine Name		Singapore Immunisation Requirements				
3	Tuberculosis							
	Dose 1	01/03/2020	BCG	1 4				
4	Hepatitis B ⁸			* Minimum interval to next vaccine dose :				
	Dose 1	28/00/2010	HOPB	- between Dose 1 and Dose 2 : 4 weeks				
	Dose 2	28/04/2020	HOPB	- between Dose 2 and Dose 3 : 8 weeks				
	Dose 3	07/09/10	HOB					
5	Polio		1	* Minimum age for Polio vaccination is 6 weeks old				
	Dose 1	12/05/5070	Dolio	* Minimum interval to next vaccine dose :				
	Dose 2	16/06/2020	Dolio	- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks				
	Dose 3	000x 11010x	polio	- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months				
	Booster 1	13/09/2021	Dolio	- between Booster dose (i.e. Booster 1/2) : 6 months				
	Booster 2	00/M2447YY						

SECTION III : Declaration

For Parents / Guardian of applicants

I hereby declare that all information provided by me on this Form is true and correct, and that I have provided documentary proof of the vaccination(s) to the Certifying Doctor if the vaccination(s) was administered elsewhere. I understand that giving false or misleading information to any public servant of the Singapore Health Promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence, which may result in legal prosecution.

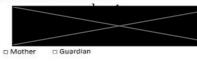
I understand that all information provided in this Form will be submitted online via HPB's website(s) and therefore subject to HPB's Terms of Use (link:

https://www.hpb.gov.sg/terms-of-use), and Privacy Statement (link:

https://www.hpb.gov.sg/privacy-statement) as stated on its websites, which I have read and understood.

I understand that it is my responsibility as the Parent/Guardian of the Applicant to maintain proper records of the original copies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.

Name/Signature & Date :



For Certifying Doctor

I hereby declare that, to the best of my knowledge, all information entered by me on this Form is true and correct, and that I have obtained documentary proof of the vaccination(s) that was administered elsewhere. I understand that giving fascor misleading information to any public servant of the Singapore Health promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence.

I understand that it is my responsibility as the Certifying Doctor to maintain proper records of the photocopies and/or softcopies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.

Name/Signature & Date :

Name in Local Language (Please indicate dearly) :

119570 OHEN PEI QIN

Clinic/Hospital Name & Stamp: Jiangsu International Travel Healthcare Clinic Suzhou Branch

Add: No738 Changjiang Rd. Suzhou City, P. R. China

Email & Contact Filone No. . _

Tel:86-512-66656353 Fax:86-512-66656349

"Name of Applicant" refers to the name of child who is applying for the "Verification of Vaccination Requirements (for Entry to Singapore)"

2 "Travel Document No." refers to the document which the applicant will use for the application of "Verification of Vaccination Requirements (for entry to Singapore)" to Health Promotion Board (HIPB) and long-term immigration poss to Ministry of Manpower (MOM), Dependant's Pass(DP) or Long Term Visit Pass (LTVP) or Immigration & Checkpoints Authority of Singapore (ICA), Student's Pass (STP).

The travel document (e.g. Passport) should have a validity date of at least six months at time of application to HPB. The same travel document should be used for application at both HPB and MOM or ICA.

Address:

- 3 "Compulsory Vaccinations" refers to vaccinations which are compulsory under Singapore Infectious Diseases Act. Information on Singapore Infectious Disease Act is available at https://www.mah.gov.sg/policies-and-ionicalition/infectious-disease-Act is available at https://www.mah.gov.sg/policies-and-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-ionicalition-
- 4 "Vaccine Name" refers to a vaccine cade or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.
- 5 "Exempted" refers to the applicant being exempted due to medical reason. A copy of exemption document certified by a doctor is required. All exemption cases will be subjected for review and approval by HPB. There will be no refund of application fee. If reason of exemption is rejected by HPB.
- 6 Any dose of measles-containing vaccine given before 12 months of age should not be counted as part of the series. Children vaccinated with measles containing vaccine before 12 months of age should be re-vaccinated with two doses of MMR vaccine, the first of which should be administered when the child turns at least 12 months of age. [Reference to Centers for Disease Control and Prevention publication 'Epidemiology And Prevention of Vaccine-Preventable Diseases 13th Edition].
- 7 "Recommended Vaccinations" refers to vaccinations listed in the Singapore National Childhood Immunsiation Schedule (NCIS). Information on Singapore National Childhood Immunsiation & Schedule (NCIS) is available at https://www.nir.hpb.gov.sg/nirp/eservices/immunisationSchedule
- 8 Combination vaccines containing a hepatitis B component (e.g. Infanrix hexa, Pentavac PFS) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e. Hilb, DTaP, HepA and IPV).



/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Singapore Immunisation Requirements			
6	Haemophilus I	nfluenzae Type B		* Minimum age for Hib vaccination is 6 weeks old			
	Dose 1	12/11/8000	Hib	* Minimum interval to next vaccine dose :			
	Dose 2	15/03/201	Hib	- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks			
	Dose 3	27/09/7021	Hib	- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months			
	Booster 1	DO/NIMAPYYYY					
7	Pneumococcal			* Minimum interval to next vaccine dose :			
	Dose 1	57/03/7022	DP3V23	- between each Primary dose (i.e. Dose 1/2) : 4 weeks			
	Dose 2	OD/NAMAYYYY		- between Primary dose and Booster dose (i.e Dose 2 and Booster 1): 8 weeks			
	Booster 1	DD/MARCYYYY					
8	Human Papillo	mavirus		* Recommended for females 9 to 26 years			
	Dose 1	OD/MM/YYYY		* Minimum interval to next vaccine dose :			
	Dose 2	DOMMINYYYY	V NESSON COLORES DE VIVE COLORES	- 2 dose series at 0, 6 months			
9	Varicella (Chic	- National Desiry (III)		* Minimum age for Varicella vaccination is 12 months old			
	Dose 1	12/03/20>1	Vomicena	* Minimum interval to next vaccine dose :			
	Dose 2	01103/2024	Varicella	- between Dose 1 and Dose 2 : 3 months			
10	Influenza	**************************************	0.1	* Minimum age for Influenza vaccination is 6 months old			
	Dose 1	27/09/12021	Influenza	* Minimum interval to next vaccine dose :			
	Dose 2	16/10/20>1	Influenza	Age 6 months to 8 years:			
	Dose 3	04/11/20>3	Influenza	- 2 dose series 4 weeks for children receiving Influenza vaccination for the first time			
	Booster 1	DD/MM/YTYY		- 1 dose for all other children annually or per season or as recommended			
	* Please only	input the latest 4 doses dur	ng online	Age 9 - 12 years: - 1 dose annually or per season or as recommended			

^{*} Please fill up Table 1 for any additional dose(s) taken.

Table 1 : Optional Vaccination

- 10.	# 000000000 # 000 0 #000##0	Date (DD/MM/YYYY) / Vaccine Name ⁴									
S/N	Immunisation*	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5					
1	JEV	0x0x/01/82	24/03/2022								
2	HOPA	3010812021	24/60/12022								
3	MEN	3010812021	23/17/7070	03/03/20>2		1.000					
4					4						
5											
6											
7											
8											

^{*} Please refer to Appendix A for Vaccine Code and Vaccine Name

National Childhood Immunisation Schedule (NCIS) (from birth to age 17 years, effective from 1 November 2020)

Vaccine	Birth	2 months	4 Months	é months	12 months	15 months	18 months	2-4 years	5.0 years	10 11 years	12 13 years	13-14 years	15 17 years
Barillus Calmette-Guérin (BCG)	D1										-		
Hepatitis 8 (Hep8)	D1.	.02		D3									
Diphtheria, tetámis and acellular pertussis (paediatric) (DTaP)		D1.	92	Đ3			81						
Tetamus, reduced diphtheria and acellular pertussis (Tdap)										82			
mactivated poliovirus (IPV)		DI	52	0.3			81			82			
Haesnophikos influenzae type b (Hlb)		DI	D2	133			B1						
Pneumococcal conjugate (PCV10 or PCV13)			Di	D2	81								
Pneumococcal polysaccharide (PPSV23)									doses for d adition or ind		dolescents age	2-17 years v	vith specifi
Measles, mumps and rubella (MMR)		1725			DI	DZ							
Varicella (VAR)					D1,	D2							
Human papillomavirus (HPV2 or HPV4)	and the second s						1 1 100				D1 (Females)	D2 (Females)	
Influenza (INF)		Annual vaccination or per season for all children age 6 months to <5 years (6-59 months).				Annual vaccination or per sesson for children and adolescents age 5-17 years with specific medical condition or indication.							

nmended ages and doses for all children

Recommended for persons with specific medical condition or indication

- FOOTNOTES:

 D1, D2, D3: Dose 1, dose 2, dose 3

 B1, B2: Booster 1, booster 2
- 4 "Vaccine Name" refers to a vaccine code or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.
 7 "Recommended Vaccinations" refers to vaccinations listed in the Singapore National Childhood Immunsiation's Schedule (NCIS). Information on Singapore National Childhood Immunsiation's Schedule (NCIS) is available at https://www.nir.hpb.gav.sg/nirp/eservices/immunisationSchedule



Disease Name	Vaccine Code	Vaccine Name (Example)						
uberculosis	BCG	BCG Vaccine, BCG Japan Freeze Dried Vaccine						
iphtheria	DT	Absorbed Diphtheria Tetanus Combined Toxoid, DITE Anatoxal Berna Vaccine For Children						
	DPT	D.T.P. Vaccine, Diteper Anatoxal Berna Vaccine, Triple Antigen Vaccine						
	DTPa	Infanrix						
	DTPI	Infanrix-IPV Vaccine (DPT+IPV)						
	4in1	Actacel Vaccine (DTPa+HiB), Infanrix HiB Vaccine (DTPa+HiB)						
	5in1	Infanrix IPV+HiB Vaccine (DTPa+HiB+IPV), Pediacel Vaccine (DTPa+HiB+IPV), Pentaxim Vaccine (DTPa+HiB+IPV)						
	HEXA (6in1)	Infanrix Hexa (DTPa+HiB+IPV+HEPB), Hexaxim (DTPa+HiB+IPV+HEPB)						
	Tdap	Boostrix Vaccine						
Polio	SAB	Polio Sabin (Oral) Vaccine, Oral Poliomyelitis Vaccine						
	IPV	Imovax Polio Injection						
Measles	АМІ	Attenuvax Vaccine, Moraten Berna Vaccine						
	MMR	Priorix, M-M-R II Vaccine						
	мимр	Mumps Vaccine, Mumpsvax Vaccine						
	MMRV	Proquad (MMR+CPOX), Priorix-Tetra (MMR+CPOX)						
	RM	Blavax II Vaccine						
	RUB	Meruvax II Vaccine, Rubeaten Berna Vaccine						
Hepatitis	HABV	Twinrix Junior Vaccine						
	HEPA	Havrix Junior Vaccine, Havarix 1440 Vaccine, Epaxal Vaccine						
	НЕРВ	HBVAXPRO Injection, H-B-Vax II, Engerix B Vaccine						
Pneumococcal	PNC	Prevenar Vaccine, Prevenar 13 Suspension, Synflorix Suspension Vaccine						
	PPSV	Pneumovax 23 Vaccine, Pneumo 23 Vaccine						
Human Papillomavirus	HPV	Cervarix, Gardasil Vaccine						
Haemophilus Influenzae Type B	HiB	Hiberix Vaccine, Act-Hib For Injection						
Chicken Pox	СРОХ	Okavax Live Attenuated Varicella Virus Vaccine-Biken, Varivax Vaccine, Varirix Vaccine						
influenza	INF	Vaxigrip Vaccine, Fluavax, Agripal S1 Influenza Vaccine, Influvac, Fluarix Tetra Suspension Vaccine						