



Oregon Certificate of Immunization Status

俄勒冈州免疫接种状况证明

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.

俄勒冈州法律规定在孩子去学校、幼儿园、托儿所或家庭日托班之前签署免疫接种或豁免证明。此信息是代表俄勒冈州卫生局收集，学校或孩子的教育机构可按照卫生局的要求向卫生局或当地公共卫生部门透露此信息。

Child's last name 孩子的姓氏	First name 名字	Middle name 中间名	Birth date 出生日期
Parents' or Guardians' names 家长或监护人的姓名		Phone number 电话号码	

Write the dates the child received the vaccines

填写孩子接种疫苗的日期

Vaccines / 疫苗	Dose 1 第一剂	Dose 2 第二剂	Dose 3 第三剂	Dose 4 第四剂	Dose 5 第五剂
Diphtheria/Tetanus/Pertussis 白喉 / 破伤风 / 百日咳疫苗 (DTaP)					
(Tdap)					
Polio (IPV) 脊髓灰质炎灭活疫苗 (IPV)					
Varicella (Chickenpox) 水痘疫苗			<input type="checkbox"/> Check if child had chickenpox disease 如果孩子得过水痘，请勾选此项 Date /日期 _____		
Measles/Mumps/Rubella (MMR) 麻疹 / 腮腺炎 / 风疹疫苗 (MMR)					
Hepatitis B (Hep B) 乙型肝炎疫苗 (乙肝疫苗)					
Hepatitis A (Hep A) 甲型肝炎疫苗 (甲肝疫苗)					
Haemophilus Influenzae Type B B 型流感嗜血杆菌疫苗 Tipo B (Hib)					

I certify that the information on the form is an accurate record of this child's immunizations.

我证明表格上的信息是这个孩子免疫接种的准确记录。

Signature* 签名*		Date 日期	
Update signature 更新签名		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.

*家长、监护人、年满 15 岁的学生、医疗提供者或郡卫生部门工作人员可签字核实疫苗接种情况。

Child's last name 孩子的姓氏	First name 名字	Middle name 中间名	Birth date 出生日期

Other vaccines received 接种的其他疫苗		Medical exemptions and immunity documentation 医疗豁免和免疫文件
Vaccine name 疫苗名称	Date 日期	<p>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</p> <p>医疗豁免和免疫文件需要向您孩子的学校或托儿所提交由持牌医生签署的信函。欲了解有关规定，请登录网站 www.healthoregon.org/medicalexemptions</p>

Nonmedical exemption / 非医疗豁免

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

我收到了关于免疫接种的好处和风险的信息。我明白，如果我的孩子患上通过接种疫苗可以预防的疾病，或许不能到学校或托儿所上学。

我已附上以下各项（勾选一项）提供的规定文件：

- 俄勒冈州卫生局批准的疫苗模块
- 医护人员

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

我请求不让我的孩子接种以下规定的疫苗（勾选所有适用项）：

- Diphtheria/Tetanus/Pertussis/白喉 / 破伤风 / 百日咳疫苗
- Polio/脊髓灰质炎疫苗
- Varicella / 水痘疫
- Measles/Mumps/Rubella 麻疹 / 腮腺炎 / 风疹疫苗
- Hepatitis B/乙型肝炎疫苗
- Hepatitis A/甲型肝炎疫苗
- Hib/ 疫苗

Optional / 自选接种

Immunizations are being declined because of:

由于以下原因而拒绝免疫接种：

- Religious belief / 宗教信仰
- Philosophical belief / 哲学信仰
- Other / 其他

Signature 签名		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.

填写免疫接种状况证明的说明

联系信息：

填写有关您孩子的信息，包括全名、出生日期、当前邮寄地址、家长或监护人的姓名和电话号码。如果我们对您孩子的免疫接种史有任何疑问，我们将通过此信息与您联系。

规定的疫苗（正面）：

填写您的孩子接种每剂疫苗的月 / 日 / 年。剂量必须按接种的顺序列出。请咨询您孩子的学校或日托班，了解就您孩子的年龄或年级而言所需接种的疫苗。

签名：

家长或监护人签名是孩子的记录属准确的宣誓声明。无需提供医生或当地卫生部门的签名，但签名可以被认可。15 岁及以上的人可以自行签署记录。**每次您添加孩子的信息时，您都需要提交表格。**

推荐的疫苗（背面）：

对于正面未列出的任何疫苗，请填写您的孩子接种每剂疫苗的月 / 日 / 年。

豁免条件：

俄勒冈州允许医疗和非医疗豁免。

对于非医疗豁免，请勾选适当的方框并提交以下所需文件之一：

1. 由医护人员签署的证明，证实讨论过免疫接种的好处和风险；或
2. 完成关于免疫接种的好处和风险的疫苗教育模块的证明。

请勾选方框，指明您不让您的孩子接种哪些疫苗。在指示行上签名和注明日期。

如需获得医疗豁免或免疫证明，请向学校或托儿所提交您孩子的医生的信函。