



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.

俄勒冈州法律要求在儿童入学、上幼儿园、参加儿童保育或家庭日托之前签署免疫或豁免证明。这些信息是代表俄勒冈州卫生局收集的，并可根据该局的要求由学校或儿童设施向该局或当地公共卫生部门公布。

Child's last name 儿童的姓氏	First name 名字	Middle name 中间名字	Birth date 生日
Parents' or Guardians' names 父母或监护人的姓名		Phone number 电话号码	

Write the dates the child received the vaccines

填写儿童接种疫苗的日期

Vaccines / 疫苗	Dose 1 第 1 剂	Dose 2 第 2 剂	Dose 3 第 3 剂	Dose 4 第 4 剂	Dose 5 第 5 剂
Diphtheria/Tetanus/Pertussis 白喉/破伤风/百日咳 (DTaP)					
(Tdap)					
Polio (IPV or OPV) 脊髓灰质炎 (注射疫苗或口服疫苗)					
Varicella (Chickenpox) 水痘 (带状疱疹)					
Measles/Mumps/Rubella (MMR) 麻疹/腮腺炎/风疹 (MMR)					
Hepatitis B (Hep B) 乙型肝炎 (Hep B)					
Hepatitis A (Hep A) 甲型肝炎 (Hep A)					
Haemophilus Influenzae Type B 乙型流感嗜血杆菌					

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

我证明，表格上的信息是此儿童疫苗接种情况的准确记录。

Signature*

签名*

Date

日期

Update Signature

Date

更新签名

日期

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

*家长、监护人、至少 15 岁的儿童、医疗服务提供者或县卫生部门工作人员可以签字以证明已接种疫苗。

Child's last name 儿童的姓氏	First name 名字	Middle name 中间名字	Birth date 生日
Other vaccine received 接种的其他疫苗		Medical exemptions and immunity documentation 医疗豁免和免疫证明文件	
Vaccine name 疫苗名称		Date 日期	

A medical exemption requires a form completed and signed by a licensed physician or local health department. The form must be submitted to your child's school or child care. Immunity documentation requires a proof from a blood test or documentation from a health care practitioner or local health department. For more information, go to www.healthoregon.org/medicalexemptions

医疗豁免需要一份由有执照的医生或当地卫生部门填写并签署的表格。该表格必须提交给儿童的学校或儿童保育机构。免疫证明文件需要血液检测证明或由医疗保健从业者或当地卫生部门提供的证明文件。如需更多信息，请访问 www.healthoregon.org/medicalexemptions

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

我已经收到了关于免疫接种的益处和风险的信息。我明白，如果出现可以通过疫苗预防的疾病，我的孩子可能会被学校或儿童保育机构拒之门外。我已附上来自以下来源的所需文件（请勾选一项）：

由俄勒冈卫生局批准的疫苗模块
 一位医疗保健从业者

I request that my child be exempted from the following required immunizations (check all that apply):
 我请求为我的孩子免除以下所需的疫苗接种（请勾选适用的全部选项）：

Diphtheria/Tetanus/Pertussis / 白喉/破伤风/百日咳 Polio/ 脊髓灰质炎 Varicella / 水痘
 Measles/Mumps/Rubella / 麻疹/腮腺炎/风疹 Hepatitis B/ 乙型肝炎 Hepatitis A/ 甲型肝炎
 Hib/ 乙型流感嗜血杆菌

Optional / 可选的

Before the Chinese add the English: Immunizations are being declined because of:
 拒绝接种疫苗的原因是：

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

Signature* Date
 签名* 日期

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 (First page):

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.**

Other vaccines received (Second page):

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, submit the Oregon Medical Exemption Form signed by your child's physician to the school or child care.

Immunity documentation requires a proof of disease from a blood test or documentation from a health care practitioner or local health department. Submit this documentation to the school or child care.

免疫接种状况证明的填写说明

联系信息：

填写您的孩子的详细信息，包括全名、出生日期、当前邮寄地址、父母或监护人的姓名及电话号码。这些信息将用于在出现有关您孩子免疫接种历史的问题时与您取得联系。

必须接种的疫苗（第一页）：

填写您的孩子接种每剂疫苗的月份/日期/年份。疫苗剂量必须按照接种的顺序列出。请与您孩子的学校或日托机构联系，以了解针对您孩子年龄或年级必须接种的疫苗种类。

签名：

家长或监护人的签名是关于儿童记录准确性的宣誓声明。医生或当地卫生部门的签名并非必需，但也是可以接受的。15岁及以上的人可以自行签署他们的记录。**每次您添加您孩子的信息时，都需要重新签署该表格。**

已接种的其他疫苗（第二页）：

对于未在首页列出的任何疫苗，请填写您的孩子接种每剂疫苗的月份/日期/年份。

豁免：

俄勒冈州允许医疗和非医疗豁免。

对于非医疗豁免，请勾选适当的方格，并提交下列所需文件之一：

1. 一份由医疗保健从业者签署的证明，证明已经讨论了免疫接种的益处和风险，或
2. 一份关于完成关于免疫益处和风险的疫苗教育模块的证明。

在方框中勾选您希望您的孩子豁免接种哪些疫苗。在指定的行内签名并注明日期。

对于医疗豁免，请向学校或儿童保育机构提交由您孩子的医生签署的俄勒冈州医疗豁免表。

免疫证明文件需要一份来自血液检测的疾病证明或由医疗保健从业者或当地卫生部门提供的证明文件。将此证明文件提交给学校或儿童保育机构。