

Child Health Evaluation Form before the Vaccination

(預防接種前幼兒健康評估表)

I General Information (基本資料)

Name (姓名): _____

Sex (性別): Male (男) Female (女)

Birth (生日: 年月日): ____ / ____ / ____

Phone (電話): Home (宅) _____

Cell phone (手機) _____

Present address (居住地址): _____

E-mail address _____

Body temperature: ear (耳溫) _____ °C forehead (額溫) _____ °C

I Types of Vaccine intended to inoculate (接種疫苗種類):

- Hepatitis B vaccine (HepB) (B 型肝炎疫苗) BCG vaccine (卡介苗)
- 5 in 1 vaccine (DTaP-Hib-IPV) (五合一疫苗) Varicella vaccine (Varicella) (水痘疫苗)
- Japanese Encephalitis vaccine (JE) (日本腦炎疫苗) Influenza vaccine (流感疫苗)
- Inactivated polio vaccine (IPV) (注射式小兒麻痺疫苗) Hepatitis A vaccine (HepA) (A 型肝炎疫苗)
- Pneumococcal conjugate vaccine (PCV13) (13 價結合型肺炎鏈球菌疫苗)
- Tetanus and diphtheria toxoid (Td) (破傷風減量白喉混合疫苗)
- Measles, Mumps, and Rubella (MMR) vaccine (麻疹腮腺炎德國麻疹混合疫苗)
- Tetanus, diphtheria toxoids, acellular pertussis and Inactivated polio vaccine (Tdap-IPV) (減量破傷風白喉非細胞性百日咳及不活化小兒麻痺混合疫苗)

I Proposed vaccination dose (擬接種劑次)

___ First dose (第一劑) ___ Second dose (第二劑) ___ Third dose (第三劑) ___ Forth dose (第四劑)

___ Single dose (單一劑)

I Health Assessment (健康評估)

Content of the assessment (評估內容)	Results of assessments (評估結果)	
	YES (有)	NO (有)
1. Whether the child has ever had severe reactions, such as high fever (40.5°C or more), convulsion, coma, shock, crying for more than 3 hours, after vaccinations? (以前預防接種後是否有嚴重特殊反應, 如發高燒 (40.5°C 以上)、抽筋、昏迷、休克、哭鬧 3 小時以上... 等?)		
2. Whether the child has ever had allergic reactions to the same type of vaccine or any components (such as egg, gelatin and neomycin) of vaccines? (是否曾對同一類疫苗或對疫苗的任何成分 (如雞蛋、明膠及新黴素) 有過敏反應?)		
3. Whether the child has currently severe diseases of heart, liver and kidney? (目前是否有嚴重心臟、肝臟、腎臟... 等病症?)		
4. For live attenuated vaccine inoculation: whether the child or family member has history of leukemia, cancer, immune deficiency and familial genetic diseases, or of using immunosuppressive agents. (接種活性減毒疫苗: 本人或家屬是否有白血病、癌症、免疫缺失... 等病史與家族遺傳疾病, 或使用免疫抑制劑等) ※The child who had (or plans to have) intestinal or anal surgery in 30 days should be vaccinated by injection with inactivated polio vaccine. (本人 30 天內曾 (或預定) 施行腸道或肛門手術, 應改接種注射式小兒麻痺疫苗) ※If the child takes traditional Chinese medicines for long-term usage and is unable to be assessed, please refer to a pediatric specialist for assessments before vaccination. (本人如長期服用中藥, 致無法評估, 請轉介至兒科專科醫師評估後再接種)	The child (本人)	
	Family members (家屬)	

5. Whether the child has convulsions in one year? (一年內有否抽搐狀況?)	
6. Whether the child has sought for medical cares and took medicines in 3 days? Does the child have any physical symptoms such as fever (38.5°C and more), erythema, rash, purpura, vomiting, dyspnea? Or, is the child taking medicines such as salicylic acid (aspirin)? (最近三天內有無就醫、吃藥等情形，現在身體有無任何病徵，如發燒(38.5°C以上)、紅疹、皮疹、紫斑、嘔吐、呼吸困難..等或正服用水楊酸(阿斯匹靈)等藥物?)	
7. <input type="checkbox"/> Has the child had intramuscular immunoglobulin (antiserum) injection in 3 months? (最近3個月內曾否肌肉注射免疫球蛋白(免疫血清)) <input type="checkbox"/> Has the child had blood transfusion or intravenous blood products (except Washed RBCs) in 6 months? (最近6個月內曾否輸過血或接受靜脈注射血液製品) <input type="checkbox"/> Has the child had intravenous high dose immunoglobulin (≥ 1 g/kg) injection in 11 months? (最近11個月內是否曾靜脈注射高劑量(≥ 1 g/kg)免疫球蛋白) ※ If the above result of assessment is "Yes", please follow the time interval according to the specifications before vaccine of Varicella or combined vaccine of Measles, Mumps and Rubella. (上列狀況如經評估為"是"者，應依其規範之間隔時間，再接種水痘疫苗或麻疹、腮腺炎、德國麻疹混合疫苗)	

I Notes (備註)

1. Infants and toddlers who take medicines with heavy metals such as Babao powder, Jingfeng San and pearl powder without the approval of the Department of Health and the prescriptions of physicians prone to suffer from the chronic lead poisoning and cause brain disorders and deaths. Therefore, parents should be advised not to use these medicines. (嬰幼兒服用未經衛生署核准及醫師處方之八寶粉、驚風散、珍珠粉等含重金屬之藥物容易發生慢性鉛中毒導致腦症及死亡，故應告知家長勿服用)
2. Do not take aspirin in 6 weeks after vaccination of Varicella. (水痘疫苗接種後六星期內不可服用阿斯匹靈)
3. With the above results of assessments, please follow the contraindications of various vaccines to decide whether the child will accept the vaccinations. (以上評估結果請按各項疫苗之禁忌，決定是否給予接種。)
4. If it cannot be determined, please coordinate with family members to visit the joint hospitals or clinics for physician assessments in details. If the vaccinations will be performed by the Public Health Center, please bring the physician medical orders. (如無法判定，請協調家屬帶幼兒前往預注協辦醫院診所，請醫師詳細評估是否接種，如續由衛生所接種，請持醫師醫囑。)
5. Please read the "Children's Health Manual" and relevant health education leaflets before vaccinations. (接種疫苗前請詳細閱讀「兒童健康手冊」及相關衛教單張)
6. Please keep the assessment form with records properly by the Public Health Center for 6 years. (本評估表紀錄後由各衛生所妥善保存6年)

Whether the child is vaccinated after assessments? (評估後是否接種?)

Yes (是) or No (否), **Reasons** (理由): _____

Assessor(評估者): _____

Computer registry staff(電腦登錄人員): _____

Vaccinator (疫苗接種人員): _____

Signature of parent (家長簽名): _____

Date (日期): _____/_____/_____ (mm/dd/yy)