



## Notice influenza vaccination (流感疫苗接種須知)

◎Protective effect :

收費金額:

☐750元 ☐1000元 ☐月結

The ability of a flu vaccine to protect a person depends on the age and health status of the person getting the vaccine, and the similarity or “match” between the viruses or virus in the vaccine and those in circulation. According to studies, vaccination could provide 70~90% protive efficacy. (流感疫苗之保護力因年齡或身體狀況不同而異，健康的成年人約有 70-90%的保護效果。)

◎In order to be more safety when you accept to inoculate, please be true and fill the following question.

(為使接種更加安全，請您確實填寫下列問題。)

BT: \_\_\_\_\_°C

Question (題目)	NO	YES
1. You will be allergic for bacterin. (您對任何疫苗曾過敏。)	<input type="checkbox"/>	<input type="checkbox"/> Which ? _____
2. You will be allergic for egg or bacterin's ingredient. (您對雞蛋、雞肉蛋白質或疫苗其他成分會過敏。)	<input type="checkbox"/>	<input type="checkbox"/> Which ? _____
3. In the process of flu or acute disease now. (您目前正在發燒或患有急性疾病。)	<input type="checkbox"/>	<input type="checkbox"/> What ? _____
4. Suffering from blood or immunization disease now. (您有血液或免疫方面的疾病。)	<input type="checkbox"/>	<input type="checkbox"/> What medicine to be taken? (治療中，藥物為) _____
5. Received Influenza vaccine? (您曾施打過流感疫苗。)	<input type="checkbox"/>	<input type="checkbox"/> When? _____
The following question is to be filled in by doctor. (本題由醫師填寫)		
6. Estimation by doctor. (經醫師評估後。)		
<input type="checkbox"/> Permission (可接種) <input type="checkbox"/> Rejection (不宜接種), reason (原因): _____		
Doctor's suggestion (醫師建議):		
醫 師 簽 章 _____		

## The injection authorization of flu bacterin (流感疫苗接種同意書)

◎I have read “Notice influenza vaccination” and understand the protective effect, side effects, and contraindications. After the physician clinic, I decided:

(我已詳閱流感疫苗接種須知及瞭解此疫苗之保護效果、副作用及禁忌，經醫師診療後，本人決定)

■Agrees (同意接種)

Date (日期): \_\_\_\_\_ company (公司): \_\_\_\_\_

Employee signature (接種者簽名): \_\_\_\_\_