**Questionnaire for Infection and Vaccination**

Full Name：　　　　　　　　　　　　　 　 Sex: Male Female

Date of Birth: Nationality:

Affiliation：　　　　　　　　　 Examinee’s number:

E-mail:　　　　　　　　　　　　　　 Phone：

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| 1. **Measles**   **麻疹** | Have you ever had Measles?  Yes（Year/Age: / ） No 　 Unknown | | | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | | Second time→Yes  （Year/Age: / ）  No Unknown | |
| 1. **Rubella**   **风疹** | Have you ever had Rubella?  Yes（Year/Age: / 　 ） No 　 Unknown | | | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | | Second time→Yes  （Year/Age: / ）  No Unknown | |
| 1. **Varicella**   **(Chicken pox)水痘** | Have you ever had Varicella?  Yes（Year/Age: / 　 ） No 　 Unknown | | | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | | Second time→Yes  （Year/Age: / ）  No Unknown | |
| 1. **Mumps**   **腮腺炎** | Have you ever had Mumps?  Yes（Year/Age: 　 / ） No 　 Unknown | | | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | |  | |
| 1. **Tuberculosis**   **结核** | Have you ever had Tuberculosis?  Yes（Year/Age: 　/ ） No 　 Unknown | | | |
| Vaccination (BCG)疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | |  | |
| 1. **COVID-19**   **新型冠状病毒** | Have you ever had COVID-19?  Yes（Year/Age: 　 / ） No 　 Unknown | | | |
| Vaccination  疫苗 接种 | First time→Yes  Year/Month/Date: / /  No Unknown  Yes→→→→Which vaccine product did you receive?  □Pfizer  □Moderna  □Astrazeneca  □Other ( 　　　 )  □Unknown | Second time→Yes  Year/Month/Date: / /  No Unknown  Yes→→→→Which vaccine product did you receive?  □Pfizer  □Moderna  □Astrazeneca  □Other ( 　　 )  □Unknown | | Third time→Yes  Year/Month/Date: / /  No Unknown  Yes→→→→Which vaccine product did you receive?  □Pfizer  □Moderna  □Astrazeneca  □Other ( 　　　 )  □Unknown |