**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→YesYear/Month/Date: / / No UnknownYes→→→→Which vaccine product did you receive?□Pfizer□Moderna　□Astrazeneca □Other ( 　　　 ) □Unknown | Second time→YesYear/Month/Date: / / No UnknownYes→→→→Which vaccine product did you receive?□Pfizer□Moderna　□Astrazeneca □Other ( 　　 ) □Unknown | Third time→YesYear/Month/Date: / / No UnknownYes→→→→Which vaccine product did you receive?□Pfizer□Moderna　□Astrazeneca □Other ( 　　　 ) □Unknown |