

中文聲明內容樣稿

預防接種聲明

本人之子/女○○○已於嬰幼兒時期，依國家規定之接種時程，完成\_\_劑卡介苗、\_\_劑白喉破傷風全細胞性百日咳混合疫苗、\_\_劑麻疹疫苗及\_\_劑麻疹腮腺炎德國麻疹混合疫苗之接種，惟當時之接種記錄未保存至今，如該項疫苗接種未符現行規定，願意接受相關檢測及補行接種措施。

特此聲明

家長簽名

英文聲明內容樣稿

**VACCINATION DECLARATION**

This is to declare that my son/daughter, \_\_\_\_\_,  
was vaccinated during childhood according to the national  
immunization schedule and has therefore received \_ dose of BCG,  
doses of DTwP, \_ doses of Measles and \_ dose of MMR.  
Unfortunately, the immunization record from that time has not been  
kept, however, if this is not sufficient for your current regulations,  
she is willing to undertake any required testing or supplementary  
vaccinations.

Signature of Parent

Date :