

No: My child has already had the disease and therefore does not need the vaccine.

No: My child has already had the vaccine and therefore does not need the vaccine. (Please sign and write dates when administered)

Date: / /

Parent/Guardian Signature:

Parent/Guardian Signature:

OR

No: After reading the information provided, I do not wish to have my child immunised with the chickenpox vaccine at this time.

Parent/Guardian Signature:

Date: / /

Pre-Immunisation Checklist

Before you have your child immunised, check this list.

If any of the situations apply to your child, tell your doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Are unwell on the day of immunisation (temperature over 38.5^o C)
- Has any severe allergies
- Has had a severe reaction following any vaccine
- Has a disease or is having a treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
- Is pregnant
- Has received immunoglobulin or a blood transfusion in the last 3 months or intravenous immunoglobulin in the last 9 months

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your local government health department or doctor.

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

Immunisation Provider stamp

如何在閱讀所附資料後填寫同意卡：

Chickenpox Immunisation Consent Card Recommended Vaccine for Year 7 Secondary School Students

Please read both sides of the consent form and attached fact sheet before completing and signing.

Surname: CITIZEN	First Name: MARK
Address: 4 BLOCK STREET	
MELBOURNE	Postcode: 9000
Date of Birth: 1 / 1 / 1988	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH) 9123 4567 (AV) 9123 4567	Class Level: 7A
School: BLOCK HIGH SCHOOL	

Parent/Guardian, please sign if you agree to your child receiving chickenpox immunisation.

Yes: I have read and understood the attached information and consent to have the above named child vaccinated by receiving a dose of the chickenpox vaccine.

If your child has had the disease or a chickenpox vaccine in the past, further vaccination is not required. (See back of card)

Name of Parent/Guardian (please print):
Parent/Guardian Signature: Date: / /

See the back of this card if the vaccine is not to be given.

Office Use Only:
Date: / /

或者

如果子女以前接受過水痘免疫或患過此病，那麼請填寫這一部分。

如果不希望子女接受免疫，請填寫這一部分。

對於所有兒童



請填寫您子女的個人資料

然後



如果您希望子女接受免疫，那麼請填寫這一部分。

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Parent/Guardian Signature:	Parent/Guardian Signature:

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水痘（禽痘） 7年級中學生 推薦接種疫苗

重要資料：

- 地方市政府不久就會針對本免疫專案，訪問您子女就讀的學校。

- 如果有問題或擁有對地方市政府有所幫助的醫療資料，請聯絡地方市政府，或在同意卡上加以說明。

- 請將所有的卡交回學校，這很重要（即使子女未接受免疫亦請交回），因為這有助於維州檢測對水痘的保護狀況。

- 填寫同意卡前，請閱讀本資料。

一經免疫，終身受益

www.health.vic.gov.au/immunisation



Chickenpox (Varicella)

Immunisation Information



水痘（禽痘）

免疫資料

Chinese

水痘

水痘由水痘帶狀皰疹病毒引起，接觸傳染性極強。水痘通過咳嗽、噴嚏和直接接觸皮疹液傳播。

健康兒童感染水痘一般來說程度輕、病程短，但有時也會發展成較嚴重的疾病，如皮膚細菌感染，導致癍痕、肺炎或腦炎。成年人感染水痘症狀一般較嚴重。如果在孕期間染上水痘，那麼對胎兒也可能造成危險。各年齡階段的人患水痘後都可能引起嚴重的疾病甚至死亡。

水痘的潛伏期是10天到21天，潛伏期後最初出現紅色斑疹，在幾小時內變成水疱。斑疹通常出現在軀幹、面部和身體其他部位。大多數人感染水痘後，會出現發燒、不適，而且可能有嚴重搔癢感。

以前從未出過水痘者，都可能染上。有確切水痘感染史的人都具有免疫力，不需要再接種疫苗。大約75%的人在12歲以前都出過水痘。

水痘疫苗

水痘疫苗包含改良型減毒活病毒和少量的抗生素、新黴素。

水痘疫苗的可能副作用

接種後一般只有輕度反應，很快就會消失，如果出現以下反應，那麼會在免疫後不久發生。

水痘疫苗的常見副作用：

- 低燒
- 注射部位疼痛、紅腫
- 注射部位出現暫時性的小腫塊

罕見的副作用：

- 有時在接種疫苗後5到26天期間會在注射部位或全身其他部位出現2至5個水痘樣斑疹。

接種疫苗後出疹這種情況，表明該接種者須排除免疫妥協者以免出現持續出疹。

由於接種疫苗後並不是每個人都有完全的免疫力，有些人在接種疫苗一年或幾年後會出現輕微的水痘。

極為罕見的副作用

- 嚴重過敏反應

一旦出現輕度反應，這種反應可能會持續1到2天。可通過以下措施減輕副作用：

- 飲用額外的液體。
- 衣服不要穿得過多
- 用冷濕布敷於注射部位疼痛處
- 服用撲熱息痛以減輕患兒不適

如果反應嚴重或不退，或者感到擔心，請聯絡醫生或醫院。

免疫前清單

接受免疫接種之前，如果具有以下情況，請告知醫生或護士。即將接受疫苗接種的人：

- 免疫接種當天身體不適（體溫超過38.5°C）
- 有嚴重過敏反應
- 接種其他疫苗後曾出現過嚴重反應
- 患有引起免疫力降低的疾病或在接受引起免疫力降低的治療（比如，HIV/艾滋病、白血病、癌症、放射治療或化學治療）
- 正服用某種類型的類固醇(如可的松或強的松)，吸入式哮喘噴霧劑或類固醇軟膏除外
- 已懷孕
- 最近三個月內有輸注免疫球蛋白或輸血史，或者最近九個月內有靜脈注射免疫球蛋白史。

接受免疫接種的人須在免疫接種點留觀15分鐘

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Address:	
Postcode:	
Date of Birth: / /	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH)	(AH)
School:	Class Level:

將同意卡剪下後交回學校

Parent/Guardian, please sign if you agree to your child receiving chickenpox immunisation.	
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