

No:

My child has already had the vaccine (please sign and write the date when administered) and therefore does not need the vaccine.

Boostrix (Adolescent Diphtheria, Tetanus and Pertussis)

Date: / /

Signature:

OR

No:

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

Signature: Date: / /

在閱讀所附資料後如何填寫同意卡：

Immunisation Consent Card
Recommended Vaccine for Year 10 Secondary School Students

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

Surname: CITIZEN	First Name: MARY
Address: 20 BLOCK STREET	
MELBOURNE	Postcode: 3000
Date of Birth: 2 / 2 / 1987	Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH) 9876 5432 (AH) 9876 5432	Class Level: 10B
School: BLOCK HIGH SCHOOL	

Parent/Guardian, please tick and sign for the vaccine you agree to your child having.

I have read and understood the attached information and wish to have the above named child vaccinated.

Yes: Boostrix (Adolescent Diphtheria, Tetanus and Pertussis)

Name of Parent or Guardian (please print):

Signature: Date: / /

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

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對所有子女：
請填寫子女的詳情。



然後
若希望子女接受免疫，
請填寫這一部份。

或者

若子女以前接受過青少年白喉、破傷風和百日咳免疫，不需要接種疫苗，請填寫這一部份。



若不希望子女接受免疫，請填寫這一部份。



Victoria Department of Human Services

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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:

- Is unwell on the day of immunisation.
- Has had severe reactions to any vaccine.
- Has had a tetanus containing vaccine in the last 5 years.

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.

青少年白喉、破傷風和百日咳疫苗 —十年級學校免疫計劃：

重要信息：

- 市政府不久將前往您的學校開展這一免疫計劃。
- 請務必將所有同意卡交回給學校 (即使您的子女不接受免疫)，因為這有助於監督維多利亞州白喉、破傷風和百日咳預防情況。
- 若有任何問題或者有任何醫療信息可以幫助市政府，請與市政府聯絡或者寫在同意表上。
- 請在填寫同意卡之前閱讀所附資料。

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青少年白喉、破傷風和百日咳

免疫資料



白喉

白喉由口腔、喉嚨和鼻腔中的細菌引起，可造成喉嚨內長出一層膜。這樣會引起吞嚥和呼吸困難，甚至會造成窒息。

這種細菌會產生一種毒素。毒素可傳播到全身，造成癱瘓、心臟衰竭等嚴重併發症。感染白喉的患者中，大約百分之十會死於這種疾病。

患者咳嗽和打噴嚏，即可將白喉傳染給其他人。

破傷風

破傷風由土壤、塵土和糞便中的細菌引起。這種細菌可以通過針刺一樣細的傷口進入人體。破傷風不會由一個人傳染給另一個人。

破傷風破壞神經系統，通常是一種致命的疾病。它會引起肌肉痙攣，最早在頸部和顎部肌肉可以感覺到。破傷風可引起呼吸困難、疼痛驚厥和心律異常。

因為有了這種非常有效的疫苗，破傷風目前在澳洲十分罕見，但是從未接受過破傷風免疫或者沒有接種加強劑量疫苗的成年人仍然會患上這種疾病。

百日咳

百日咳是一種傳染性極強的疾病，可影響氣道和呼吸。這種疾病會引起嚴重咳嗽痙攣。兒童在兩次痙攣之間會氣喘吁吁。咳嗽痙攣之後常常伴隨嘔吐，而且咳嗽可持續數月。

12個月以下的嬰兒患百日咳最為嚴重，通常需要住院。百日咳可引起出血、驚厥、肺炎、昏迷、腦炎、永久性腦損傷和長期肺部損傷等併發症。六個月以下感染百日咳的兒童中，每200名中大約有一名會死亡。

受到感染的人士咳嗽和打噴嚏，即可將百日咳傳染給其他人。

對百日咳這種疾病和疫苗的預防隨時間過去而減弱。因此，建議對十年級(15至17歲)的青少年接種加強劑量的百日咳疫苗，以減少社區中百日咳的發病率。

青少年白喉、破傷風和百日咳疫苗

青少年白喉、破傷風和百日咳疫苗含有少量經過改良、對人體無害的白喉和破傷風毒素、少量提純的百日咳成份、少量鋁鹽以及保存劑。

這種加強劑量的疫苗濃度較低，特別是白喉和百日咳成份的濃度較低。疫苗中的百日咳成份比以前的三效抗原疫苗提純度要高得多，因此局部注射點反應、發燒和其他反應的

發病率要低得多。這種疫苗十分安全，青少年和成人對疫苗的耐受力較好。

青少年白喉、破傷風和百日咳疫苗可能產生的副作用

大多數副作用都十分輕微，而且很快消失。以下反應不大常見，如果出現，也都是在免疫之後很快出現。

- 低熱 (39°C以下)。
- 注射部位痠痛、紅腫。
- 感覺不適。

如果確實出現這些輕微反應，可用以下方法減輕這些副作用：

- 多喝水。
- 衣服不要穿得過多。
- 在痠痛的注射部位敷上一塊冰涼的濕布。
- 服用扑熱息痛片減輕不適。

免疫前的檢核清單

在子女接受免疫之前，如果出現以下情況，請告訴醫生或護士：

- 免疫當日感覺不適。
- 曾經對疫苗有過嚴重反應。
- 在過去5年中曾經接種過含有破傷風的疫苗。

接受免疫的人士應留在免疫場所觀察15分鐘。

Detach and return consent card to school.

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Postcode:	
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