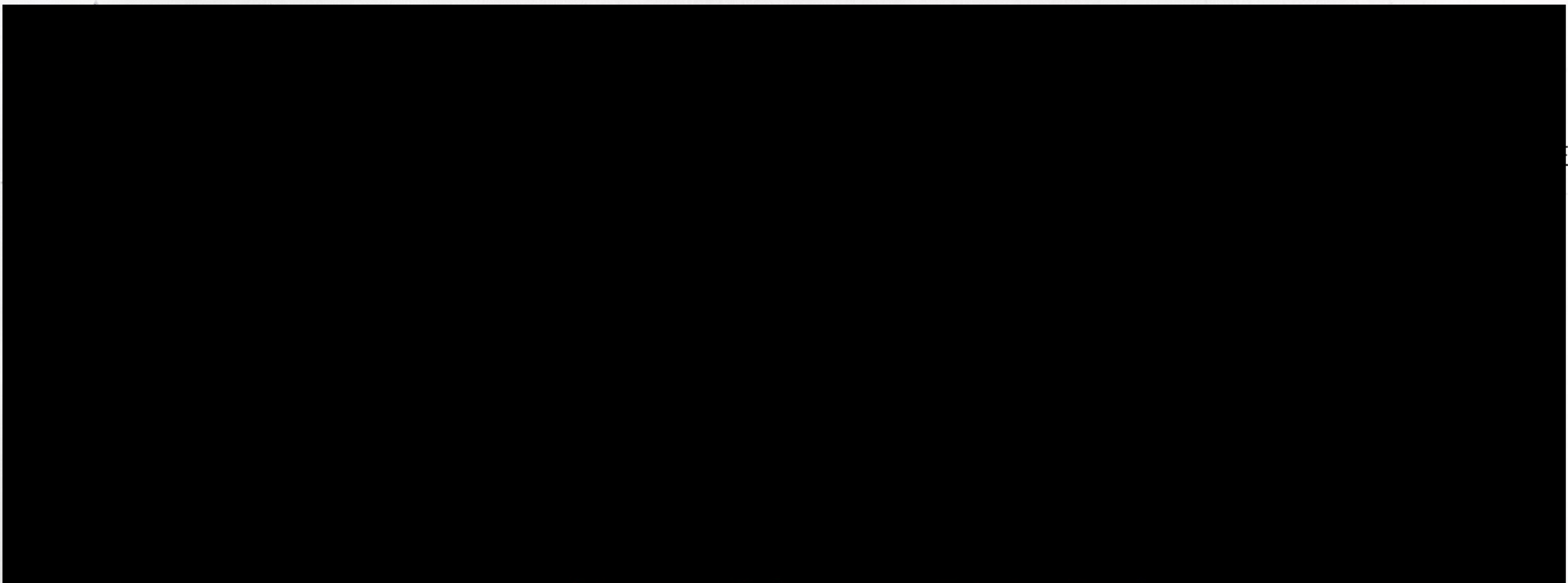


預防接種證明書
CERTIFICATE OF IMMUNIZATION

姓名 蕭少棠 出生日期 性別 男 給證日期
Name Date of Birth Sex Date of Issue

| 疫苗種類 VACCINE | 接種日期(year/month/day) Immunization date | | | | | |
|---|---|------------|------------|------------|------------|------------|
| | 第一劑 1st | 第二劑 2nd | 第三劑 3rd | 第四劑 4th | 第五劑 5th | 第六劑 6th |
| 日本腦炎疫苗(鼠腦製備) (Japanese encephalitis vaccine, inactivated (mouse brain-derived)) |  | | | | | |
| 水痘疫苗 (Varicella vaccine) | | | | | | |
| 卡介苗 (Bacille Calmette-Guérin vaccine) | | | | | | |
| 麻疹疫苗 (Measles vaccine) | | | | | | |
| 麻疹腮腺炎德國麻疹混合疫苗 (Measles, mumps and rubella vaccine) | | | | | | |
| B型肝炎遺傳工程疫苗 (Hepatitis B vaccine) | | | | | | |
| 全量型百日咳成分之白喉破傷風非細胞性百日咳三合一疫苗 (Diphtheria and tetanus toxoids with acellular pertussis) | | | | | | |
| 白喉破傷風百日咳混合疫苗 (Diphtheria, tetanus and pertussis vaccine) | | | | | | |
| 小兒麻痺口服疫苗 (Oral polio vaccine) | | | | | | |

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