Dear Parents/Guardians:

In order to prevent epidemic from spreading and ensure your children have adequate protection against the infectious diseases, the school has intended to schedule vaccinations on ___________ for your child. Please check the following blank for vaccination:

<table>
<thead>
<tr>
<th>Type of vaccine / Item</th>
<th>Dose series</th>
<th>First grade (or catch-up First dose)</th>
<th>Catch-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus, diphtheria toxoids, acellular pertussis and Inactivated polio vaccine (Tdap-IPV)</td>
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<tr>
<td>Inactivated polio vaccine (IPV)</td>
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<tr>
<td>Measles, mumps and rubella vaccine (MMR)</td>
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<tr>
<td>Japanese encephalitis vaccine (JE)</td>
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<tr>
<td>Tetanus and diphtheria toxoid for older children/adults (Td)</td>
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</tbody>
</table>

◎ Vaccination is administered under guardians’ consent. If this child is not able to receive vaccination for any sudden reasons, please, notify the teacher by written document (e.g. communication book) the day before vaccination.

◎ Please remind your child washing hands before receiving any vaccine to prevent infection at the injection site.

◎ Do not rub or scratch after vaccination. If redness, soreness, or swelling develops, ice may apply on the injection site in order to reduce the symptoms. Also remember to drink lots of water and take rest.

◎ If your child is not qualified to receive vaccine after assessment by medical staffs at the school. Guardian may take the child to the hospitals have him/her vaccinated after his/her physical condition improved.

◎ If your child has ever experienced adverse reactions, consult Health Centers as soon as possible.

◎ If your child has already received the above checked vaccine before receiving this notification, please submit the updated immunization record to medical staff on campus to avoid redundant vaccination.

Taipei City_____________Elementary School

Date : ___/___/___

Name__________Grade_________Class_________Number_________

Consenting Person (Parents/Guardians) signature:__________________

◎ Please note: the following is the reason that your child is not ready for vaccination.

( Please be sure to check the health status according to the child)

◎ Medical history, Please be sure to check the health status according to the child.
☐ N/A
☐ medical history, please check the following:
☐ cardiovascular, kidney, liver diseases
☐ With incomplete or damaged immune systems (such as immune deficiency, leukemia, lymphoma and blood cachexia)
☐ severe skin eczema.
☐ High body temperature (3 days before vaccination temperature over 37.5°C), explanation: ________
☐ Has this child ever had severe adverse effects? such as, high fever (40.5 °C), in 48-hour non-stop crying for 3 hours or more, have occurred within 3 days coma, shock or convulsions of the situation.
☐ Is this child under treatment for cortisone, prednisolone, anti-cancer therapy.
☐ Has this child received transfusions or other blood products (including immunoglobulin) or immunosuppressive agents in the last three months?
☐ Has this child ever had convulsions?
☐ Has this child even been told by medical doctor that should not be vaccinated?
☐ Has this child received immunoglobulin in the last eleven months?
☐ Other__________________________

Signature of School Nurse: ____________________
Signature of Vaccinator: ____________________