新都醫療
New Town Medical

Age 18 or above

Health Questionnaire for「Sinovac Corona Vac」Vaccination

Name : ______________________ **Clinic** : __________

HKID : ______________ Body Temp : __________℃

Date of Birth : __________ BP : _____ / _____

Gender : M / F Age : _______

Address : ______________________________ Tel : ________________

	YES	NO
1. Have you received any vaccinations in the past 4 weeks? Date (If Yes) : ____________	☐	☐
2. Any sickness in two days before Vaccination? e.g Diarrhea / Vomiting / Fever?	☐	☐
3. Have you serious allergic reaction to medication / food / vaccine? If yes, please specified :__________	☐	☐
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease. e.g. asthma, a blood disorder, no spleen, complement component deficiency?	☐	☐
5. Do you have any long term medications taken for Diabetic/Hypertension/Antiviral drugs/ Immunosupressive drug/ psychotropic drug/ Rheumatic/ Chemotherapy drugs/ Steroid / Anticoagulant? Other : ____________	☐	☐
6. Have you ever received surgery such as bypass surgery, angioplasty or other procedures to treat clogged arteries for this month?	☐	☐
7. Are you pregnant or breastfeeding? Last Menstrual Period : ____________	☐	☐
8. Have you ever had suffered from covid-19? Date (If Yes) : ____________	☐	☐
9. For 3rd dose of immunocompromised individuals: Have you received immunosuppressive therapy/ immunosuppressive chemotherapy or radiation therapy?	☐	☐

☐ I have read the fact sheet of 「Sinovac CoronaVac」and agree to receive a vaccine injection.

Signature : ______________

For official use only

Vaccination Record

Doctor : __________

1st Dose of Covid-19 Vac	(Sinovac 0.5ml)		Lot : __________
Temp : ________℃	Satff : ____________	Staff Sign : __________	Date : __________
2nd Dose of Covid-19 Vac	(Sinovac 0.5ml)		Lot : __________
Temp : ________℃	Satff : ____________	Staff Sign : __________	Date : __________
3rd Dose of Covid-19 Vac	(Sinovac 0.5ml)		Lot : __________
Temp : ________℃	Satff : ____________	Staff Sign : __________	Date : __________