**Questionnaire for Infection and Vaccination**

Full Name：　　　　　　　　　　　　　 　 Sex: Male Female

Date of Birth: Nationality:

Affiliation：　　　　　　　　　 Student ID:

E-mail:　　　　　　　　　　　　　　 Phone：

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| 1. **Measle**s   麻疹 | Have you ever had Measles?  Yes（Year/Age: / ） No 　 Unknown | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | Second time→Yes  （Year/Age: / ）  No Unknown |
| 1. **Rubella**   风疹 | Have you ever had Rubella?  Yes（Year/Age: / 　 ） No 　 Unknown | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | Second time→Yes  （Year/Age: / ）  No Unknown |
| 1. **Varicella**   (Chicken pox)　水痘 | Have you ever had Varicella?  Yes（Year/Age: / 　 ） No 　 Unknown | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | Second time→Yes  （Year/Age: / ）  No Unknown |
| 1. **Mumps**   腮腺炎 | Have you ever had Mumps?  Yes（Year/Age: 　 / ） No 　 Unknown | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown |  |
| 1. **Tuberculosis**   肺结核 | Have you ever had Tuberculosis?  Yes（Year/Age: 　/ ） No 　 Unknown | |
| Vaccination (BCG)  　卡介苗 | First time→Yes  （Year/Age: / ）  No Unknown |  |
| 1. **COVID-19**   　新型冠状病毒 | Have you ever had COVID-19？  Yes（Year/Age: 　/ ） No 　 Unknown | |
| Vaccination  疫苗 接种 | First time→Yes  （Year/Age: / ）  No Unknown | Second time→Yes  （Year/Age: / ）  No Unknown |