**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 |