附件3

入托、入学儿童预防接种情况审核登记表（接种单位用）

登记类型：（ ）入托儿童 （ ）入学儿童 其他：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 编号 | 审核日期 | 儿童姓名 | 性别 | 出生日期 | 家长联系电话 | 是否全程接种 | 卡介苗 | 乙肝疫苗 | 脊灰疫苗 | 百白破疫苗 | 白破疫苗 | 含麻疹成分疫苗 | A群流脑疫苗 | A+C流脑疫苗 | 乙脑疫苗 | 甲肝疫苗 | 是否完成补种 |
| 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**说明：** 1、此表由接种单位根据儿童接种证、预防接种卡/簿或儿童预防接种信息资料填写。

2、对已完成全程接种儿童在“是否全程接种”栏内写“是”；对未完成全程接种者填写“否”，并在需要补种疫苗和剂次栏内划“/”。

3、对漏种儿童在完成相应疫苗和剂次补种后记录接种时间“日/月”，并在完成补种后在“补种是否完成”栏中填写“是”。