

自 2014 年 3 月 1 日起，在俄勒冈州向学校/儿童托管机构申请疫苗接种 非医疗豁免的方法

1. 通过从健康护理人员或者在线疫苗教育模块 www.healthoregon.org/vaccineexemption 完成所需的教育。
2. 从健康护理人员处获取“疫苗教育证明”(Vaccine Education Certificate) 或者从在线疫苗教育模块处打印此证明。向您孩子所在的学校或儿童托管机构提交填写完整的“疫苗教育证明”以及“疫苗接种状况证明”(Certificate of Immunization Status)表。
3. 从您孩子所在的学校或儿童托管机构或者访问 www.1.usa.gov/OregonSchool 领取“疫苗接种状况证明”。填写“疫苗接种状况证明”中的非医疗豁免部分，将您希望孩子获得非医疗豁免的疫苗标记出来。向您孩子所在的学校或儿童托管机构提交填写完整的“疫苗接种状况证明”以及“疫苗教育证明”。

申请非医疗豁免的帮助性提示：

- 部分健康护理人员可能不会提供“疫苗教育证明”。请事先与您的健康护理人员进行核实。
- 如果您希望为多个孩子申请非医疗豁免，您需要针对每个孩子提交一份“疫苗教育证明”。
- 保留一份“疫苗教育证明”副本，以便您自己存档。
- “疫苗教育证明”和“疫苗接种状况证明”上的日期与您孩子在学校或儿童托管机构的注册日期之间的间隔不得超过 12 个月。
- 列出您孩子的疫苗接种历史记录并不会影响您获得非医疗豁免的权利。我们建议您妥善留存孩子的任何疫苗接种记录文件，以便为孩子积累尽可能完整的医疗历史记录。

我们所有人都有责任确保孩子健康成长，远离疾病。

在俄勒冈州，所有来到学校或儿童托管机构的孩子都必须接种特定的疫苗或者获得适当的医疗或非医疗豁免。

有些人因为身体状况的原因而无法接种疫苗，而且，通过疫苗可预防的疾病可能会对他们造成致命的危害。如果您的孩子曾经暴露在某种疾病环境中，无论有意还是无意，请在发现疾病初期症状时将他们留在家中观察。

责任：家长有权利主动选择让自己的孩子不接种疫苗；但是，家长对此需要承担重大责任：不得将传染病传播给他人。

权利：没有人可以否决家长申请非医疗豁免的权利。如果您被告知无法申请非医疗豁免，请将此情况报告给俄勒冈州免疫计划，电话号码为 971-673-0300。

申请疫苗接种非医疗豁免 所需文件

VACCINE EDUCATION CERTIFICATE
Health Care Practitioner Documentation

Directions for Health Care Practitioners:
1) Write parent's name below.
2) Mark the boxes below indicating the vaccine-preventable diseases discussed.
3) Sign and date form.
4) Indicate the type of health care practitioner.
5) Fill in clinic name below.
6) If a parent is requesting this form for multiple children, please provide one copy per child.

I have reviewed information about the benefits and risks of vaccination with:

Parent's name (printed): _____

Pursuant to the rules adopted under ORS 433.273, for the following vaccine-preventable diseases:
Mark "Yes" or "No" for each disease

Yes No Diphtheria/Tetanus/Pertussis
 Yes No Polio
 Yes No Varicella
 Yes No Measles/Mumps/Rubella
 Yes No Hepatitis B
 Yes No Hepatitis A
 Yes No Hib (vaccine only required for children younger than 5 years of age)

Health Care Practitioner's Signature: _____ Date _____
 MD DO ND NP PA RN working under the direction of an MD, DO, ND or NP.

Clinic name (printed): _____

Directions for parents for claiming a nonmedical exemption with this certificate:
1) Write your child's name and date of birth on the line above.
2) Turn in this certificate to your child's school or child care facility.
3) Fill out and sign the Nonmedical Exemption section of the Certificate of Immunization Status (Form number 53-05A) at your child's school or child care facility. You may decline one or more above marked vaccinations for your child.

Child's name (printed): _____ Date of birth _____

Optional: ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:
 Religious belief Philosophical belief Other

 Oregon Health Authority
PUBLIC HEALTH DIVISION
Oregon Immunization Program
OHA 4683 (2/2014)

或

Vaccine Education Certificate of Completion

Parent's name: Blueberry Muffin

has completed the vaccine education module approved by the Oregon Health Authority pursuant to rules adopted under ORS 433.273, for the following checked vaccine-preventable diseases:

Tetanus, Diphtheria, and Pertussis **Hepatitis B**
Polio **Hepatitis A**
Varicella **Hib**
Measles, Mumps and Rubella

Date of completion: 2/20/2014

Child's name _____ Child's date of birth _____

Directions for claiming a nonmedical exemption with this certificate:

1. Write your child's name and date of birth on the line above.
2. Turn in this certificate to your child's school or child care facility.
3. Fill out and sign the Nonmedical Exemption section of your child's Certificate of Immunization Status (CIS) at the school or child care facility. You may decline one or more of the vaccinations listed above. On the CIS, be sure to check each vaccine in which you are exempting your child.

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:
 Religious belief
 Philosophical belief
 Other

 Oregon Health Authority

和

 **Oregon Certificate of Immunization Status, Page 2**
Oregon Health Authority, Immunization Program

Child's Last Name <i>Apellido</i>	First <i>Primer Nombre</i>	Middle Initial <i>Segundo Nombre</i>	Birthdate <i>Fecha de Nacimiento</i>

Recommended Vaccines	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
	Pneumococcal (PCV) (Only in children less than 5 years)				
Meningococcal (MCV4, MPSV4)					
Human Papilloma Virus (HPV) (9 years or older)					
Influenza (Flu)					
Other Vaccine Please specify:					
Other Vaccine Please specify:					

For medical exemptions:
Please submit a letter signed by a licensed physician stating:
 • Child's name
 • Birth date
 • Medical condition that contraindicates vaccine
 • List of vaccines contraindicated
 • Approximate time until condition resolves, if applicable
 • Physician's signature and date
 • Physician's contact information, including phone number

For Immunization Document history (disease or positive test): Please submit a letter signed by a licensed physician stating:
 • Child's name and birth date
 • Diagnosis or lab report
 • Physician's signature and date

Nonmedical Exemption:
I have received information regarding the benefits and risks of immunizations. I understand that my child may be excluded from school or child care attendance if there is a case of disease that could be prevented by vaccine. I have attached the required document from (check one):
 A health care practitioner
 The vaccine educational module approved by the Oregon Health Authority

I understand that I may decline one or more vaccinations for my child and request that my child be exempted from the following required immunizations (check all that apply):
 Diphtheria/Tetanus/Pertussis Hepatitis B
 Polio Hepatitis A
 Varicella Hib
 Measles/Mumps/Rubella

Signature of Parent or Guardian _____ Date _____

Optional:
ORS 433.267 states that this document may include the reason for declining the immunization. Immunization is being declined because of:
 Religious belief Philosophical belief Other

I certify that the above information is an accurate record of this child's immunization history and exemption status.
 Signature _____ Date _____
 Update Signature _____ Date _____
 Update Signature _____ Date _____
 Update Signature _____ Date _____

53-05A (01/2014)

请注意，家长必须完整填写并向学校或
儿童托管机构提交如下两份文件，才能

申请非医疗豁免：

1. 疫苗教育证明

(Vaccine Education Certificate)

2. 疫苗接种状况证明

(Certificate of Immunization Status)

如需了解更多信息，请访问

www.healthoregon.org/vaccineexemption

 Oregon Health Authority