

## Health Condition Questionnaire

1. Have you had fever, cough, or diarrhea in recent days?
2. Have you ever had an allergic reaction to medication, food, or vaccines?
3. Have you ever had serious adverse reactions to vaccinations in the past?
4. Do you have any history of convulsions, encephalopathy or neurological disease?
5. Do you have hysteria, leukemia, HIV infection, AIDS or any other autoimmune system disease?
6. Do you have asthma, lung disease, heart disease, kidney disease, metabolic disease or blood system disease?
7. Have you used cortisone, prednisone, other steroids, anti-tumor drugs, or had radiation therapy in the past 3 months?
8. Have you received blood transfusion therapy or human immunoglobulin preparations in last one year?
9. Have you received any other vaccines within one month?
10. Are you pregnant or planning to get pregnant in the near future?
11. Do you have any other health problems?
12. Have you traveled to a high-risk area within the last 14 days?
13. Do you have any overseas travel history (except Macao) within the last 28 days?

## 询问

1. 这几天有无发热、咳嗽、腹泻等不适？
2. 既往对药物、食物、疫苗等有无过敏史？
3. 以往接种疫苗有无严重不良反应？
4. 有无惊厥、脑病或神经系统疾病？
5. 是否患有癌症、白血病、HIV 感染、艾滋病或其它免疫系统疾病？
6. 有无哮喘、肺部疾病、心脏疾病、肾脏疾病、代谢性疾病或血液系统疾病？
7. 近 3 个月是否使用过可的松、强的松、其它类固醇、抗肿瘤药物或进行过放射性治疗？
8. 近 1 年是否接受过输血或免疫球蛋白制剂？
9. 最近 1 个月内是否接种过其它疫苗？
10. 是否有怀孕或近期有备孕计划？
11. 有无其它健康问题？
12. 14 天内是否有新冠疫情国内中高风险地区旅居史？
13. 28 天内是否有境外旅居史（澳门除外）？

## 知情同意书