AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.

2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

   Vaccination record

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan Toronto)
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This 25th day of Jan, 20 25

WUWEN GUO

[redacted]he

[redacted]

To

General Information

No:	Child ID:
Child's Name:	Gender:
Date of birth:	Birth Weight:
Birth Hospital:√1 Above county level 2 Above township level 3 Village level 4 At home	
Child household attributes:1 Local district or country 2 External district or county √3 External province and city	
History of child allergy: None	Vaccination contraindications: None
The test result of hepatitis B surface antigen (HBsAG) of the child's mother: 1. Positive; 2. Negative; 3. Not tested.	

Name of parent: Father:	Mother:
Employer: Mother:	
Contact No:	Cell phone:
Home	
Household address	

Date of issue :	Stamp:
Issued unit:	
Telephone:	

Influenza Vaccine [redacted]

Vaccination records

Vaccine	No.of Injection	Date of immunization	Lot Number of Vaccine	Dosage	Vaccine manufacturer	Unit of vaccination	Vaccinator Signature
Bacillus Calmette-Guerin		2008-01-02	2006040201		[redacted]		
Hepatitis B vaccine	1	2008-01-02	2007010507				
	2	2008-02-01	2007010504				
	3	2008-07-11					
Polio vaccine	1	2008-03-07					
	2	2008-04-08					
	3	2008-05-09					
	4	2012-02-17	20101148-4	1pill	[redacted]	[redacted]	
Cellless pertussis, diphtheria, tetanus vaccine	1	2008-04-08					
	2	2008-05-09					
	3	2008-06-11					
	4	2009-07-14					
Hepatitis B Vaccine		2020-09-11					

Vaccination records

Vaccine	No.of Injection	Date of immunization	Lot Number of Vaccine	Dosage	Vaccine manufacturer	Unit of vaccination	Vaccinator Signature
Diphtheria+Tetanus vaccine	1	2014-12-04	2013[redacted]7-2	0.5	Wuhan Biology	University of Science and Technology	[redacted]
Leprosy bivalent vaccine	1	2008-09-05					
MMR vaccine	1	2009-07-14					
	2	2014-03-28	2012121[redacted]2	0.5ml	Beijing Tiantan	[redacted]	
Group A meningococci vaccine	1	2008-07-11					
	2	2008-11-11					
Group A+C meningitis vaccine	1	2012-02-17	201010107[redacted]	0.5ml	Lanzhou Biology	[redacted]	
	2	2018-03-23	201707111[redacted]	0.5ml	Lanzhou Biology	[redacted]	
JE-L	1	2009-01-06					
	2	2010-01-06					

Vaccination records

Vaccine	No.of Injection	Date of immunization	Lot Number of Vaccine	Dosage	Vaccine manufacturer	Unit of vaccination	Vaccinator Signature
Inactivated hepatitis A vaccine	1	2009-08-14					
	2	2010-03-01					
HIB vaccine	1	2008-08-12					
	2	2008-10-08					
	3	2009-09-28					

Vaccination records

Vaccine	No.of Injection	Date of immunization	Lot Number of Vaccine	Dosage	Vaccine manufacturer	Unit of vaccination	Vaccinator Signature
Rotavirus vaccine	2	2009-06-10					
Chickenpox (Varicella) Vaccine	1	2009-02-05					
	2	2013-01-22	201112039-1	0.5ml	[illegible]	[illegible]	
OraVacs		2010-03-01					

[redacted]

疫苗预防接种记录

疫　苗	剂次	接种日期	疫苗批号	剂量	疫苗厂家	接种单位	医生签字
卡介苗		2008.1.2	200604020l		天坛		
乙肝疫苗	1	2008.1.2	20070105O7		大连		
	2	2008.2.1	20070105O4		〃		
	3	2008.7.11					
脊灰疫苗	1	2008.[redacted]3.7					
	2	2008.[redacted]4.8					
	3	2008.5.9					
	4	2012.2.17	201011484	1丸	天士力	[redacted]	
无细胞百白破疫苗	1	2008.4.8					
	2	2008.5.8					
	3	2008.6.11					
	4	2009.7.14					

2012 ④ 20.9.11.

疫	剂次	接种日期	疫苗批号	剂量	疫苗厂家	接种单位	医生签字
轮状病毒疫苗	2	2009.6.10					
	3						
	4						
水痘疫苗	1	2009.2.5					
	2	13.1.22	201112039-1	0.5	上海	[redacted]	
甲肝减毒活疫苗							
出血热疫苗	1						
	2						
	3						
肺炎疫苗							
麻疹疫苗							
[redacted]		10.3.1.					

疫 苗	剂次	接种日期	疫苗批号	剂量	疫苗厂家	接种单位	医生签字
乙脑减毒活疫苗	3						
甲肝灭活疫苗	1	2009.8.14					
	2	2010-2-1					
8 型流感嗜血杆菌结合疫苗	1	2009.8.12					
	2	2009.10.8.					
	3	2009.9.28					
	4						
七价肺炎球菌结合	1						
	2						
轮状病毒疫苗	1						

疫苗预防接种记录

基本信息

编号：_____ 儿童身份证：_____

儿童姓名：_____ 性别：男/女

出生日期：_____年_____月_____日_____时　　出生体重：_____千克

出生医院：1县级以上　2乡级以上　3村级　4家中

儿童户口属性：1本区县　2外区县　3外省市

儿童过敏史：_____接种禁忌：_____

儿童母亲乙肝表面抗原（HBsAG)检测结果：1阳性2阴性3未查

家长姓名：　父_____　母_____

工作单位：　父_____

　　母_____

联系电话：_____手机：_____

家庭现住址：北京市_____区(县)_____乡(镇、街道)

_____居委会、社区_____、_____室

户籍地址：_____

建证日期：_____年_____月_____日　　盖章：

建证单位：_____

联系电话：_____