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1. I am fluent in both Chinese and English.

## National Immunization Program Vaccines

**SWORN** before me at the City of Toronto  
In the Regional Municipality of Metropolitan  
Toronto

A Notary Public in and for  
Province of Ontario

Barrister, Solicitor and N

**National Immunization Program Vaccines (Free Vaccines) Vaccination Records (I)**  
(Vaccines funded by government)

| Vaccine | No.ofInjection | Date given | Site & Route of Injection | Dose  | Specification  |
|---------|----------------|------------|---------------------------|-------|----------------|
| HepB    | 1              | 2016-11-22 |                           | 10ug  | 10ug/ piece    |
|         | 2              | 2016-12-30 | Right upper arm           | 10 up | 10 up×1        |
|         | 3              | 2017-05-26 | Left upper arm            | 10 ug | 10 up×1        |
| BCG     | 1              | 2016-11-23 |                           | 0.1ml | 5 people/piece |

**National Immunization Program Vaccines (Free Vaccines) Vaccination Records (II)**  
(Vaccines funded by government)

| Vaccine | No. of Injection  | Date given | Site & Route of Injection                 | Dose  | Specification |
|---------|-------------------|------------|-------------------------------------------|-------|---------------|
| OPV     | Sabin<br>IPV<br>1 | 2017-02-03 | Right upper arm                           | 0.5   | 0.5/ piece    |
|         | 2<br>bpm          | 2017-04-07 | Take orally                               | 0.1ml | 1.0×1         |
|         | 3<br>bpm          | 2017-05-12 |                                           | 0.1ml | 1.0×1         |
|         | 4                 | 2020-12-04 | Left upper arm<br>intramuscular injection | 0.5ml | 0.5ml/ bottle |





# 国家免疫规划疫苗（免费疫苗）接种记录（三）

## NATIONAL IMMUNIZATION RECORD

( Vaccines funded by government )

| 疫苗名称<br>Vaccine  | 剂次<br>No. of Injection | 接种日期<br>(年/月/日)<br>Date given | 接种部位<br>及途径<br>Site & Route of Injection | 接种剂量<br>Dose | 规格<br>Specification | 疫苗生产厂家及<br>批号或监管码<br>Mfr. & Lot No.<br>or Supervision code | 接种单位<br>Unit of Vaccination | 接种者签名<br>Vaccinator Signature |
|------------------|------------------------|-------------------------------|------------------------------------------|--------------|---------------------|------------------------------------------------------------|-----------------------------|-------------------------------|
| 百白破<br>疫苗<br>DPT | 1                      | 2017.3.3                      | 左上臂                                      | 0.5ml        | 0.5x1               | 2012<br>2016042016                                         | 中心                          |                               |
|                  | 2                      | 2017.4.7                      | 右上臂                                      | 0.5ml        | 0.5x1               | 2012<br>2016042016                                         | 中心                          |                               |
|                  | 3                      | 2017.5.12                     | 左上臂                                      | 0.5ml        | 0.5x1               | 2012<br>2016060431                                         | 中心                          |                               |
|                  | 4                      | 2018.6.9                      | 右上臂                                      | 0.5ml        | 0.5x1               | 2012<br>2017060312                                         | 中心                          |                               |
| 白破<br>疫苗<br>DT   | 1                      | 2022-12-09                    | 左上臂                                      | 0.5ml        | 2.0                 | 武汉生 2020100                                                | 中心                          |                               |

# 国家免疫规划疫苗（免费疫苗）接种记录（四）

## NATIONAL IMMUNIZATION RECORD

( Vaccines funded by government )

| 疫苗名称<br>Vaccine  | 剂次<br>No. of Injection | 接种日期<br>(年/月/日)<br>Date given | 接种部位<br>及途径<br>Site & Route of Injection | 接种剂量<br>Dose | 规格<br>Specification | 疫苗生产厂家及<br>批号或监管码<br>Mfr. & Lot No.<br>or Supervision code | 接种单位<br>Unit of Vaccination | 接种者签名<br>Vaccinator Signature |
|------------------|------------------------|-------------------------------|------------------------------------------|--------------|---------------------|------------------------------------------------------------|-----------------------------|-------------------------------|
| 麻疹<br>疫苗<br>MR   | 1                      | 2017.7.28                     | 左上臂                                      | 0.5ml        | 0.5x1               | 2016042016                                                 | 中心                          |                               |
| 麻腮风<br>疫苗<br>MMR | 1                      | 2018.5.25                     | 右上臂                                      | 0.5ml        | 0.5x1               | 2016042016                                                 | 中心                          |                               |
| 麻腮<br>疫苗<br>MM   | 1                      |                               |                                          |              |                     |                                                            |                             |                               |
| 麻疹<br>疫苗<br>MV   | 1                      |                               |                                          |              |                     |                                                            |                             |                               |
|                  | 2                      |                               |                                          |              |                     |                                                            |                             |                               |

I certify

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