**附表1 百白破疫苗补种儿童摸底和补种登记表（接种单位用）（示例）**

接种单位名称： 市 县/区 填表人： 负责人：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **儿 童**  **姓 名** | **出生**  **日期** | **监护人**  **姓 名** | **现住址** | **联 系**  **电 话** | **接种信息** | | | | | | | | **与监护人联系日期** | **是否同意**  **补种** | | **预约补种**  **日期** | | **实际补种**  **日期** | |
| **第1剂** | | **第2剂** | | **第3剂** | | **第4剂** | |
| **是否** | **日 期** | **是否** | **日 期** | **是否** | **日 期** | **是否** | **日 期** | **补1** | **补2** | **补1** | **补2** | **补1** | **补2** |
|  |  |  |  |  |  | ○ | 17.5.1 | ○ | 17.6.1 | × | 17.7.1 |  |  | 17.12.30 |  |  | 18.1.1 |  |  |  |
|  |  |  |  |  |  | ○ | 17.6.1 | × | 17.8.1 | × | 17.9.1 |  |  | 17.12.30 |  |  | 18.3.1 | 19.3.1 |  |  |
|  |  |  |  |  |  | × | 17.5.1 | × | 17.6.1 | × | 17.7.1 |  |  | 17.12.30 |  |  | 18.1.1 | 19.1.1 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | × | 17.7.1 | 17.12.30 |  |  | 18.7.1 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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说明：1.本表仅用于记录接种过效价不合格百白破疫苗的儿童。

2.接种信息包含合格和效价不合格百白破疫苗的剂次和接种日期。

3.是否：接种效价不合格疫苗画×；合格疫苗画○。