



COVID-19 疫苗接種紀錄卡

COVID-19 Vaccination Record

提醒您：

請依醫師預約時間完成第2劑疫苗接種，才能獲得完整的保護力，同時妥善保存本紀錄卡，以為其後國內外醫療諮詢及查核之參考依據。

Please have your second dose of vaccine according to the appointment time of the doctor in order to have the best protection.

Make sure keep this record properly for future medical verification at home and abroad.

中華民國衛生福利部
疾病管制署

Centers for Disease Control,
Ministry of Health and Welfare,
Republic of China (Taiwan)



COVID-19 疫苗接種紀錄卡 COVID-19 Vaccination Record

中文姓名 _____ 英文姓名(同護照) _____
Name Last Name First Name

出生日期(西元) _____ 國 籍 _____ 身分證/居留證/護照號碼 _____
Date of Birth yyyy mm dd Nationality ID/ARC/passport No.

疫苗種類/劑次 Vaccine/ Dose	廠牌/品名 Manufacturer/ Product name	接種日期 Date vaccine given yyyy / mm / dd	醫師或接種者簽名 Signature of healthcare professional	接種單位章戳 Official stamp of administering center
COVID-19疫苗第1劑 COVID-19 1 st dose		/ /		
第2劑預約日期 Appointment date for 2 nd dose _____ / _____ / _____				
COVID-19疫苗第2劑 COVID-19 2 nd dose		/ /		
		/ /		
		/ /		