

华盛顿州接种新冠疫苗资格的阶段指引(Phase Finder)以及接种疫苗确认书

以下步骤是根据华盛顿 **Phrase Finder** (阶段指引)，目的是透过一连串问题协助有需要人士查看接种新冠疫苗的资格，仁人职员翻译整理以供阁下作参考之用。因为有关疫苗的数据不断更新，如有改变，以官方公布为准。

完成所有问题并符合接种资格者可在最后部份获得疫苗接种确认书。虽然不是每一个疫苗接种地点都会要求出示这项证明，但鼓励各位计划接种疫苗的人士稍作准备，请把确认书截图储存或打印出来，以备有需要时应要求出示此证明。

网站链接: <https://form.findyourphasewa.org/210118771253954>

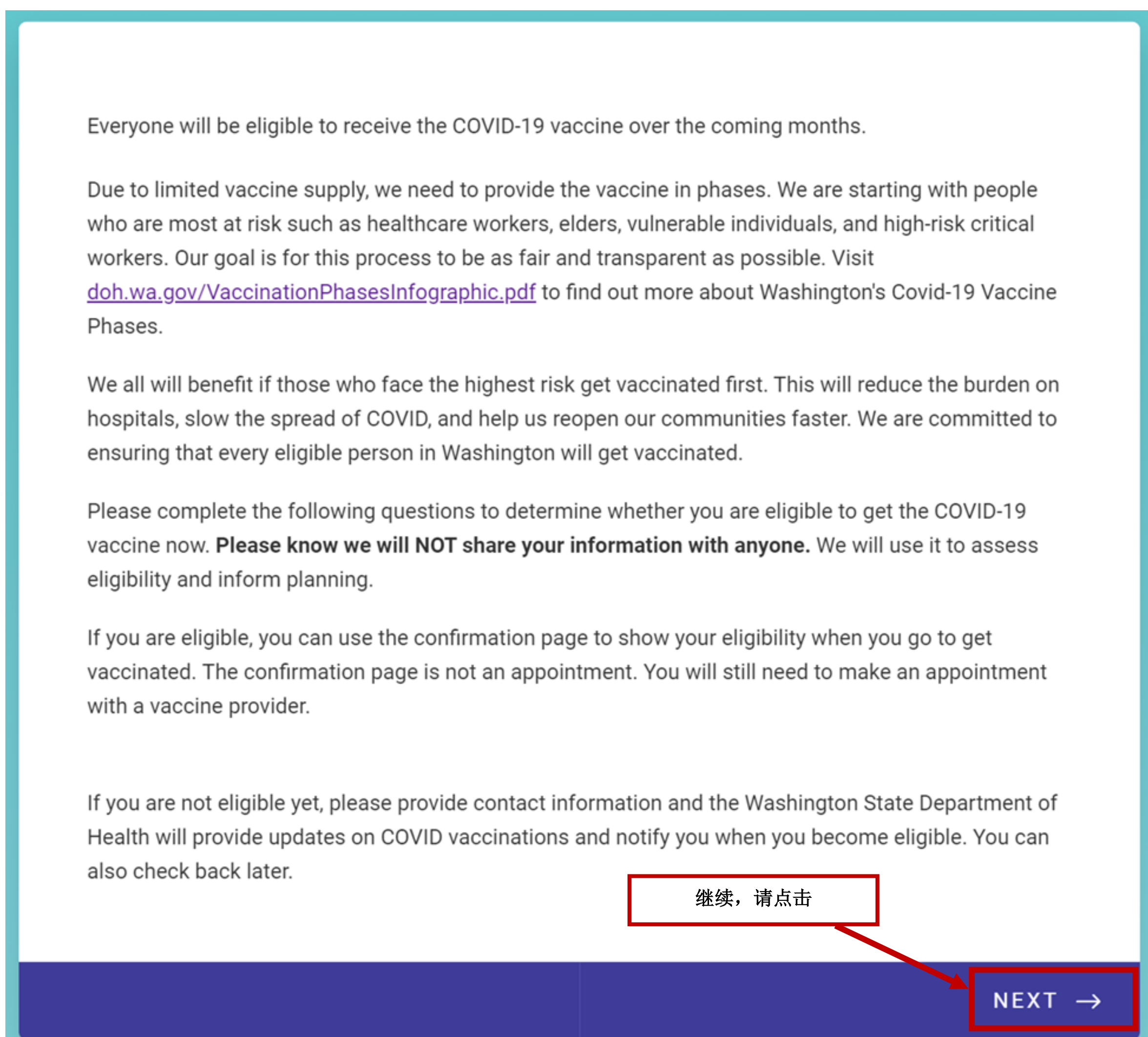
1. 欢迎使用 Phase Finder!

查看是否适合接种疫苗，请在此按“开始”，或按回车键(enter)或在你的手机向左轻扫。



2. 在接下来的数月裏，每人都会有资格接种 **COVID-19** 疫苗。由于疫苗供应有限，我们需分阶段进行，我们会先从最高风险的人士开始，例如医护人员、老年人、弱势社群和高风险工作者。我们的目标是使整个过程公平和透明。想了解更多有关华盛顿州 **COVID-19** 疫苗分配阶段，可造访网页 doh.wa.gov/VaccinationPhasesInfographic.pdf。

我们亦会因先让最高风险的人士接种疫苗而受益。这将减轻医院的工作重担，减缓 **COVID** 病毒的传播，并能加速我们小区重新开放。我们致力于确保华盛顿的每一个符合资格人士都能接种疫苗。请填写以下问题，以确定您是否符合资格立即接种 **COVID-19** 疫苗。请注意，我们不会与任何人分享您的数据。您的资料只会用于来评估资格和通知规划。如您符合资格，您可在接种疫苗时使用此确认页来显示您的资格。此确认页并不是预约。您仍需要与疫苗供货商预约。如果您暂未符合资格，请提供联络数据，华盛顿州卫生部将提供 **COVID** 疫苗接种的更新，并在您符合条件时通知您。您也可以稍后再登入查看。



3. 在开始之前，请先阅读以下信息：

- 如怀孕，欢迎您填写此表格，但请与您的卫生保健提供者提出您的疫苗接种事项。
- 各地区管辖的疫苗优先分配阶段可有不同。请咨询您的地区提供者。
- 目前，辉瑞疫苗仅为 16 岁或以上人士提供，而 Moderna 疫苗仅为 18 岁或以上人士提供。

Before you begin, there are a few things for some people to know:

- If you are pregnant, you're welcome to complete this form, but please speak with your health care provider about your vaccination options.
- The vaccine prioritization phases under each tribal jurisdiction may be different. Check with your tribal provider.
- Currently, the Pfizer vaccine is authorized for people ages 16+ and the Moderna vaccine is authorized for ages 18+.

← PREVIOUS 继续，请点击 NEXT →

4. 我们相信你能如实回答这些问题。如实回答能有助于卫生部确保高风险群组或受 COVID-19 影响人士获得优先接种疫苗。准确的信息亦有助于指导本州岛计划哪些地区最需要疫苗。

We are trusting you to answer these questions truthfully. Truthful responses will help the Department of Health ensure that people with the highest risk of getting COVID or being affected by COVID will be prioritized. Accurate information will also help guide the plans as to which areas in the state most need vaccines.

继续，请点击

← PREVIOUS NEXT →

5. 您在华盛顿州的住址邮政编号？

注意：我们会使用此信息来评估您是否符合接种资格及疫苗分配)

In what zip code is your home in WA located?*

(Note: We are using this information to determine eligibility and inform vaccine distribution)

输入您的邮区编号

继续，请点击

← PREVIOUS NEXT →

6. 您是否在医疗保健环境*中的工作（例如医疗保健提供者、疫苗接种提供者、护卫员、环境管理、顾问），由于接触患者、同事或样本而有被感染或传播 COVID 的风险？

*“医疗保健环境”是指向人提供医疗保健的地方，包括但不限于紧急护理设施、长期紧急护理设施、住院康复设施、疗养院和辅助生活设施、家庭保健、提供医疗保健的车辆（如移动诊所）和门诊设施（如透析中心、医生办公室等）。

Are you a worker in a health care setting (e.g. healthcare provider, vaccination provider, security officer, environmental management, counselor) who is at risk for acquiring or transmitting COVID due to exposure to patients, co-workers or specimens? *

"Healthcare setting" refers to places where healthcare is delivered to humans and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

是 YES NO 不是

← PREVIOUS 繼續，請點擊 NEXT →

7. 如回答“不是”：

您是否生活在群体环境中（如长期护理或辅助生活设施、群体之家、其他），而其中 65 岁以上的人士有接受护理、监督或医疗援助？ *

Do you live in a group setting (e.g. long term care or assisted living facility, group home, other) where people over 65 years of age receive care, supervision or medical assistance? *

是 YES NO 不是

继续，请点击

← PREVIOUS NEXT →

8. 如回答“不是”：

您的年龄是？

What is your age? *

输入您的年龄

继续，请点击

← PREVIOUS This field is required. NEXT →

9. 您是否无法独力生活，您是否由亲戚、家庭护理员或需要外出工作的人员所照顾？

Are you unable to live independently and are you being cared for by a relative, in-home caregiver, or someone who works outside the home? *

是 YES NO 不是

继续，请点击

← PREVIOUS NEXT →

10. 您是否超过 50 岁，与不是您孩子（即孙子、侄女或侄子）的人一起生活，并且照顾他们？

Are you over 50 years and living with and caring for someone who is not your child (i.e. a grandchild, niece or nephew)?*

是 YES NO 不是

继续, 请点击

← PREVIOUS NEXT →

11. 选择以下哪项适用于您？*此栏必需回答

如您以下的健康或医疗状况，感染 COVID-19 病毒会带来更严重的后果。如您有以下病症之一，即使状况已通过用药或改善生活方式而得到良好控制，您仍应考虑该声明适用于你。有关这些状况或您是否符合下列状况的更多信息，请参阅此连结: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- 这些都不适用于我
- 未治愈的癌症
- 我有慢性肾病
- 我有唐示综合症
- 我有慢性阻塞肺病
- 我有心脏病，如心力衰竭，冠状动脉疾病或心肌病
- 因器官移植，我的免疫功能较低
- 我严重超重（体重指数 BMI 在 30 或以上）
- 我有镰刀型红血球细胞疾病
- 我正怀孕
- 我有二型糖尿病
- 我是一名吸烟者

Select which of the following statements apply to you?*

The following health or medical conditions are associated with more severe outcomes should you be infected with COVID-19. If you have one of these conditions, but it is well managed with medication or lifestyle changes, you should still consider the statement as applying to you. For more information about these conditions or to decide if they apply to you, see this link: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

请选择适当的选项

- None of these options apply to me.
- I have active cancer.
- I have chronic kidney disease.
- I have Down syndrome.
- I have chronic obstructive pulmonary disease (COPD).
- I have a heart condition such as heart failure, coronary artery disease, or cardiomyopathies.
- I am immunocompromised from a solid organ transplant.
- I am extremely overweight (Body Mass Index (BMI) of 30 or higher).
- I have sickle cell disease.
- I am pregnant.
- I have Type 2 diabetes.
- I am a smoker.

继续, 请点击

← PREVIOUS NEXT →

12.选择以下哪项适用于您? *此栏必需回答

如您感染 COVID-19 病毒，以下的健康或医疗状况与更严重的后果有关连。如您有以下条件之一，但可用药物或改善生活方式而得到良好管理，您仍应考虑该声明适用于你。有关这些条件或确定是否适用于您的更多信息，请参阅此连结: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- 这些都不适用于我
- 我有中度至重度哮喘
- 我有一个脑血管疾病，影响血管和血液供应的大脑，
- 我有囊性纤维化
- 我有肺纤维化
- 我有高血压
- 我有一型糖尿病
- 我中度超重（体重指数 BMI 在 25—30 之间）
- 我有神经疾病，如痴呆症
- 我有地中海贫血（血液紊乱的一种）
- 我有二型糖尿病
- 我有一个削弱的免疫系统从骨髓移植，免疫缺陷，HIV，使用皮质类固醇，或其他免疫削弱药物

Select which of the following statements apply to you? *

The following health or medical conditions **might be** associated with more severe outcomes should you be infected with COVID-19. If you have one of these conditions, but it is well managed with medication or lifestyle changes, you should still consider the statement as applying to you. For more information about these conditions or to decide if they apply to you, see this link: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- None of these options apply to me.
- I have moderate to severe asthma.
- I have a cerebrovascular disease that affects blood vessels and blood supply to the brain.
- I have cystic fibrosis.
- I have pulmonary fibrosis.
- I have hypertension or high blood pressure.
- I have type 1 diabetes.
- I have liver disease.
- I am mildly overweight (BMI of 25-30).
- I have a neurologic condition, such as dementia.
- I have thalassemia (a type of blood disorder).
- I have a weakened immune system from a bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or other immune weakening medicines.

← PREVIOUS

继续, 请点击

NEXT →

13. 您是否外出工作和 / 或与外出工作者同居?

Are you working outside the home and/or does someone you are living with work outside the home? *

是 YES NO 不是

← PREVIOUS NEXT →

14. 根据华盛顿州必需工作人员清单, 您是否被视为必需工作人员
如不确定, 请参考此清单。

Are you considered a critical worker according to the Washington Critical Infrastructure Worker list? *

If you're not sure, [you can see the list here.](#) 点击此处打开必需工作人员清单

是 YES NO 不是

继续, 请点击 NEXT →

← PREVIOUS

15. 如选择“是”, 请回答以下问题:

选择以下哪项最适用于您的工作。如您与其他人在封闭的空间 6 英尺范围以内每天一起工作几个小时, 才需选择。

- 这些都不适用于我
- 我在公共交通领域工作 (注意以上关于空间和时间的选项, 回答此项和其他选项)
- 我在消防部、执法部工作或是需对应公共卫生或安全事项的社会工作者。
- 我是一名在 K-12 (幼儿园, 中小学) 学校工作的教育工作者或有关工作人员 (例如, 司机, 行政人员, 巴士司机, 食品服务, 环境服务)。
- 我在保育院/托儿所或早教学前班的封闭环境中的工作
- 我是一个农业工人, 并工作和/或生活在一个团体环境。
- 我在食品生产在线和其他人在封闭的空间内工作。
- 我在杂货店或食品银行和其他人在封闭的空间内工作。
- 我在惩教署、监狱、拘留中心或法庭环境工作。
- 我在残疾人团体之家工作或做志愿者。
- 我在一个封闭的空间内做志愿者, 为无家可归的人士提供服务。

Select which of the following statements best applies to your employment. Please only select something if you work within 6 feet of others for several hours a day in an enclosed space. *

- None of these options apply to me.
- I work in public transit (see note above about space and time for this and other answers).
- I work in the fire department, law enforcement, or as a social worker responding to public health or safety.
- I am an educator or staff member (for example, administrator, bus driver, food service, environmental services) at a K-12 school.
- I work in childcare/daycare or early learning in an enclosed setting.
- I am an agricultural worker who works and/or lives in a group setting.
- I work on a food production line in an enclosed space with others.
- I work in a grocery store or food bank in an enclosed space with others.
- I work in a corrections facility, prison, jail, detention center or in a court setting.
- I work or volunteer at a group home for people with disabilities.
- I work or volunteer in an enclosed space to provide services to and/or with people experiencing homelessness.

继续, 请点击 NEXT →

← PREVIOUS

16.如果您是工人或志愿者， 您能降低暴露的风险吗（例如，保持身体距离，在家办公）？

If you are a worker or volunteer, are you able to reduce your risk of exposure (e.g., remain physically distant, telework)?*

Yes **是** No **不是**

Not applicable **不适用**

继续, 请点击

← PREVIOUS **NEXT** →

17.请选择下列符合您居住或残障状况的选项。

- 均不符合。
- 我是无家可归人士。
- 我目前居住在教养所，监狱或拘留中心。
- 我居住在康复中心或药物滥用康复设施等集体居住环境。
- 我的残疾令我无法采取针对 covid-19 的保护措施。
- 我居住在为残障人士（精神病，发育/智力障碍，身体残疾）设置的集体居住环境。

Select any of the following that apply to your living conditions or abilities:*

None of these options apply to me. **均不符合**

I am currently experiencing homelessness. **我是无家可归人士**

I am a resident of a group home for people in recovery or a substance use disorder facility. **我目前居住在教养所，监狱或拘留中心**

I currently reside in a corrections facility, prison, jail, or detention center. **我居住在康复中心或药物滥用康复设施等集体居住环境**

I have a disability that prevents me from adopting protective measures against COVID-19. **我的残疾令我无法采取针对covid-19的保护措施。**

I am a resident of a group home for people with disabilities (mental illness, developmental/intellectual disabilities, physical disabilities). **我居住在为残障人士（精神病，发育/智力障碍，身体残疾）设置的集体居住环境。**

继续, 请点击

← PREVIOUS **NEXT** →

18.那一项最适用于你？

请注意，以下回答并不影响您获得疫苗资格。

- 如符合资格，我计划尽快接种疫苗
- 我不确定是否接种疫苗
- 我可能不会接种疫苗

Which statement best describes you?

Please note that your response will not affect your ability to access a vaccine.

I plan to get the COVID-19 vaccine as soon as I am eligible. **如符合资格，我计划尽快接种疫苗**

I probably won't get the COVID-19 vaccine. **我可能不会接种疫苗**

I am unsure about getting the COVID-19 vaccine. **我不确定是否接种疫苗**

继续, 请点击

← PREVIOUS **NEXT** →

19. 您符合资格种疫苗

要领取疫苗接种确认书，请输入您的姓名。在接种疫苗时，您可以出示此确应书。

Washington State Department of Health

English (US)

You are eligible to get the COVID-19 vaccine.

Please enter your name below to get a confirmation message that you can show to a vaccine provider to demonstrate your eligibility. *

名字 (First Name) 姓氏 (Last Name)

Back 继续, 请点击 Next

HIPAA COMPLIANT

20. 登记通知

如您希望收到华盛顿州卫生部关于接种COVID-19疫苗的提醒，请提供电邮地址或电话号码其中一项。我们也会发送您的疫苗接种确认书副本到您的电子邮箱。您的信息将保密，且只限于于此目的。

Washington State Department of Health

English (US)

If you would like to receive reminders from the Washington State Department of Health about getting your COVID-19 vaccine doses, please provide either an email address or phone number. Email addresses will receive a copy of your confirmation as well. Your information will remain private and will only be used for this purpose.

Sign up for notifications

Email 电子邮件 Text message 短讯

Phone call 电话

Please enter your email address

输入电邮地址

example@example.com

Please enter your phone number

输入电话号码

Please enter a valid phone number.

Back 查看和提交 Submit

HIPAA COMPLIANT

21. 登记通知

请把以下确认书截图储存或打印出来，以便在接种疫苗时出示，以作证明。(注：不是每一个疫苗接种地点都会要求出示这项证明，但鼓励各位计划接种疫苗的人士稍作准备，以备有需要时出示此证明。)

