

華盛頓州接種新冠疫苗資格的階段指引(Phase Finder)以及接種疫苗確認書

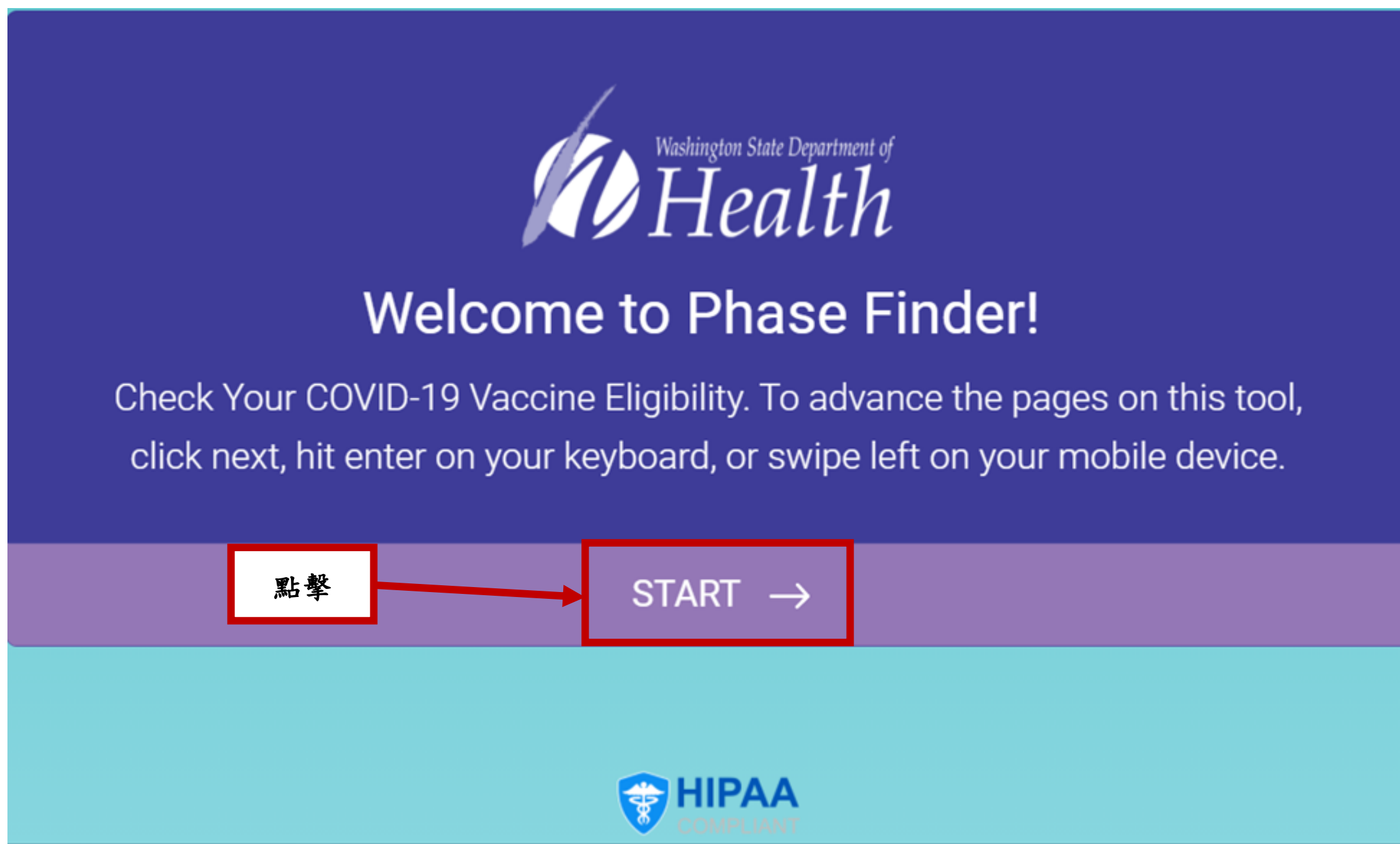
以下步驟是根據華盛頓 Phase Finder (階段指引)，目的是透過一連串問題協助有需要人士查看接種新冠疫苗的資格，仁人職員翻譯整理以供閣下作參考之用。因為有關疫苗的資料不斷更新，如有改變，以官方公布為準。

完成所有問題並符合接種資格者可在最後部份獲得疫苗接種確認書。雖然不是每一個疫苗接種地點都會要求出示這項證明，但鼓勵各位計劃接種疫苗的人士稍作準備，請把確認書截圖儲存或打印出來，以備有需要時應要求出示此證明。

網站鏈接：<https://form.findyourphaseswa.org/210118771253954>

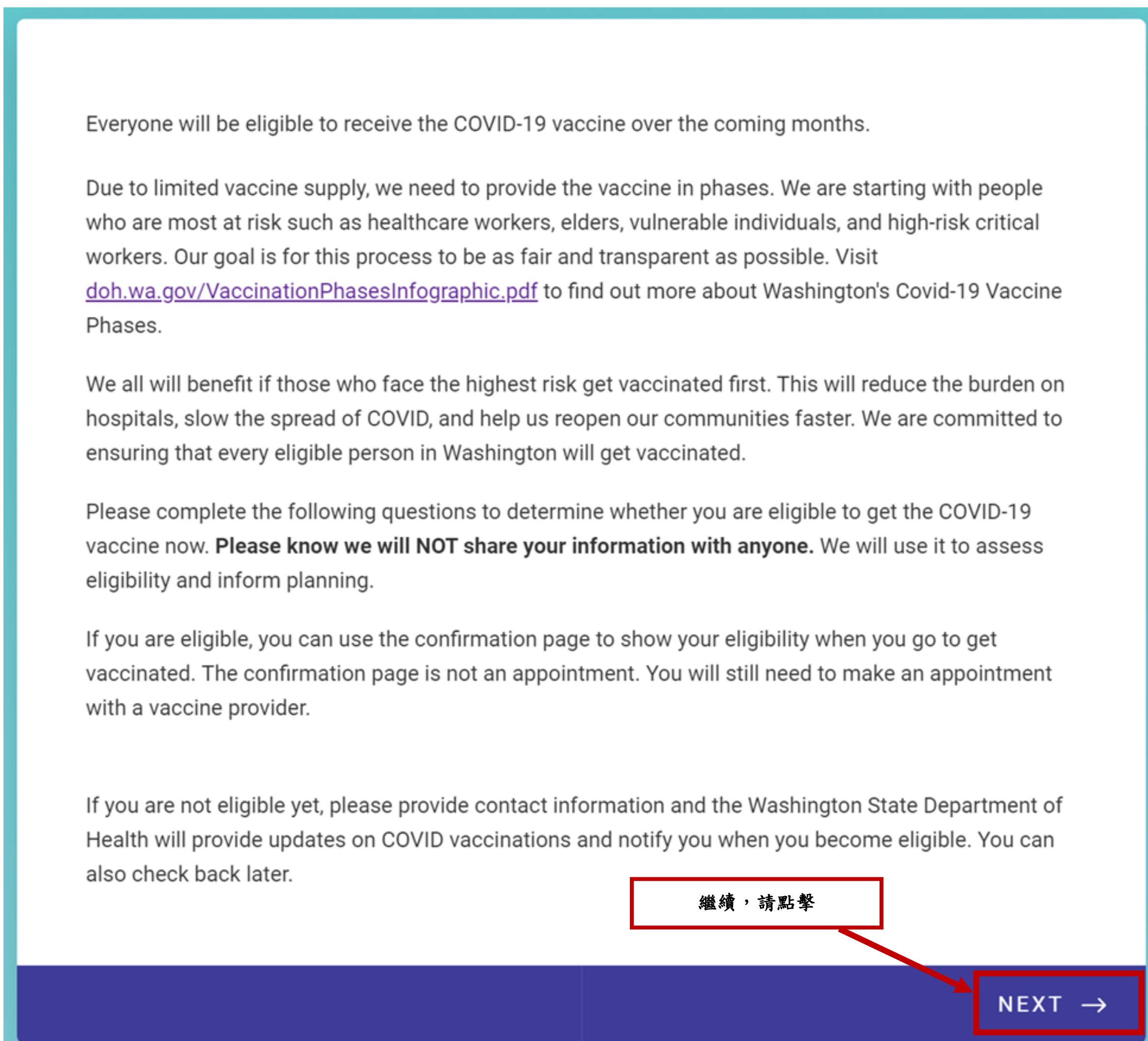
1. 歡迎使用 Phase Finder!

查看是否適合接種疫苗，請在此按“開始”，或按回車鍵(enter)或在你的手機向左輕掃。



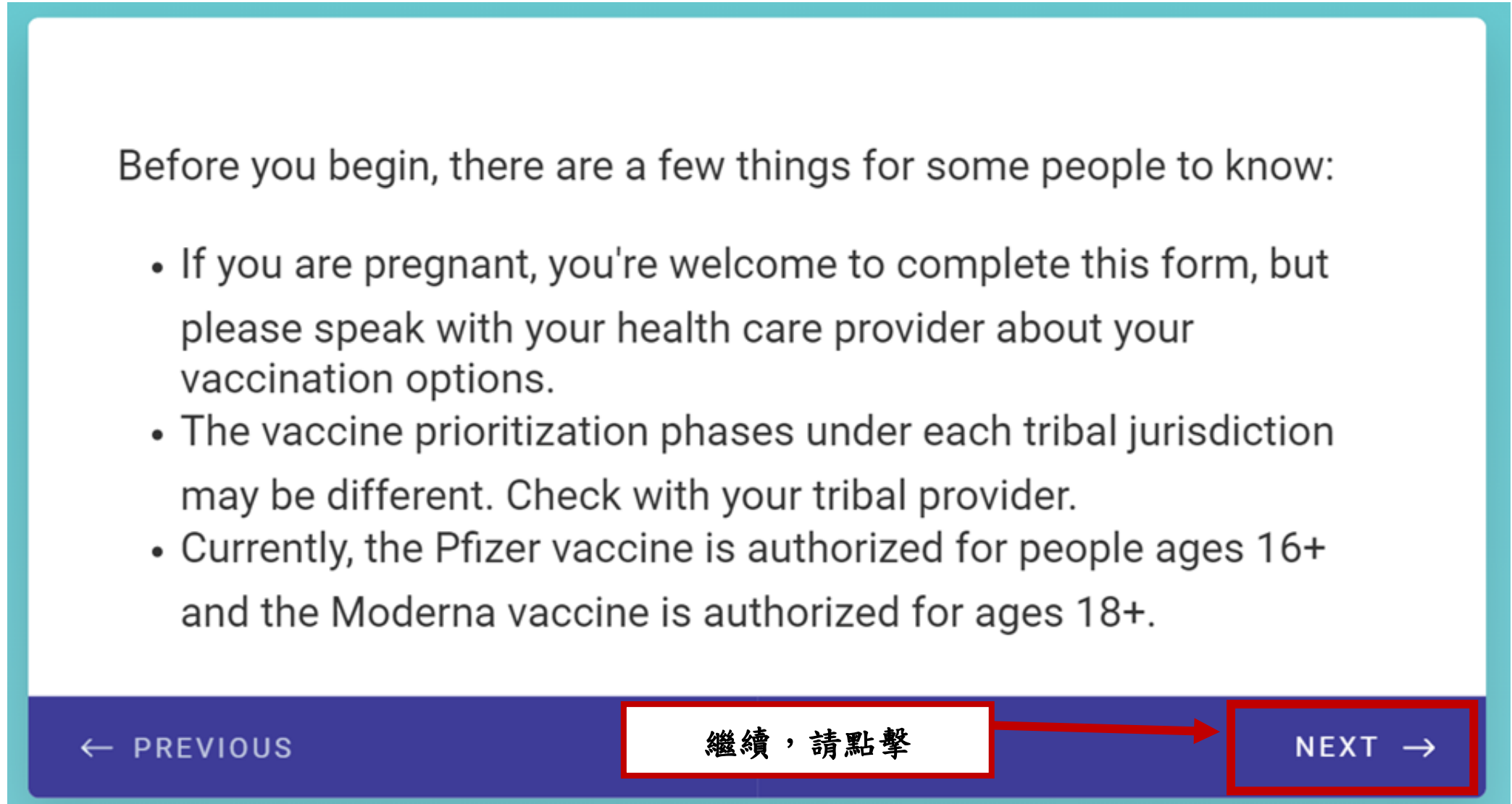
2. 在接下來的數月裏，每人都會有資格接種 COVID-19 疫苗。由於疫苗供應有限，我們需分階段進行，我們會先從最高風險的人士開始，例如醫護工作者、老年人、弱勢社群和高風險工作者。我們的目標是使整個過程公平和透明。想瞭解更多有關華盛頓州 COVID-19 疫苗分配階段，可造訪網頁 doh.wa.gov/VaccinationPhasesInfographic.pdf。

我們亦會因先讓最高風險的人士接種疫苗而受益。這將減輕醫院的工作重擔，減緩 COVID 病毒的傳播，並能加速我們社區重新開放。我們致力於確保華盛頓的每一個符合資格人士都能接種疫苗。請填寫以下問題，以確定您是否符合資格立即接種 COVID-19 疫苗。請注意，我們不會與任何人分享您的資料。您的資料只會於來評估資格和通知規劃。如您符合資格，您可在接種疫苗時使用此確認頁來顯示您的資格。此確認頁並不是預約。您仍需要與疫苗供應商預約。如果您暫未符合資格，請提供聯絡資料，華盛頓州衛生部將提供 COVID 疫苗接種的更新，並在您符合條件時通知您。您也可以稍後再登入查看。

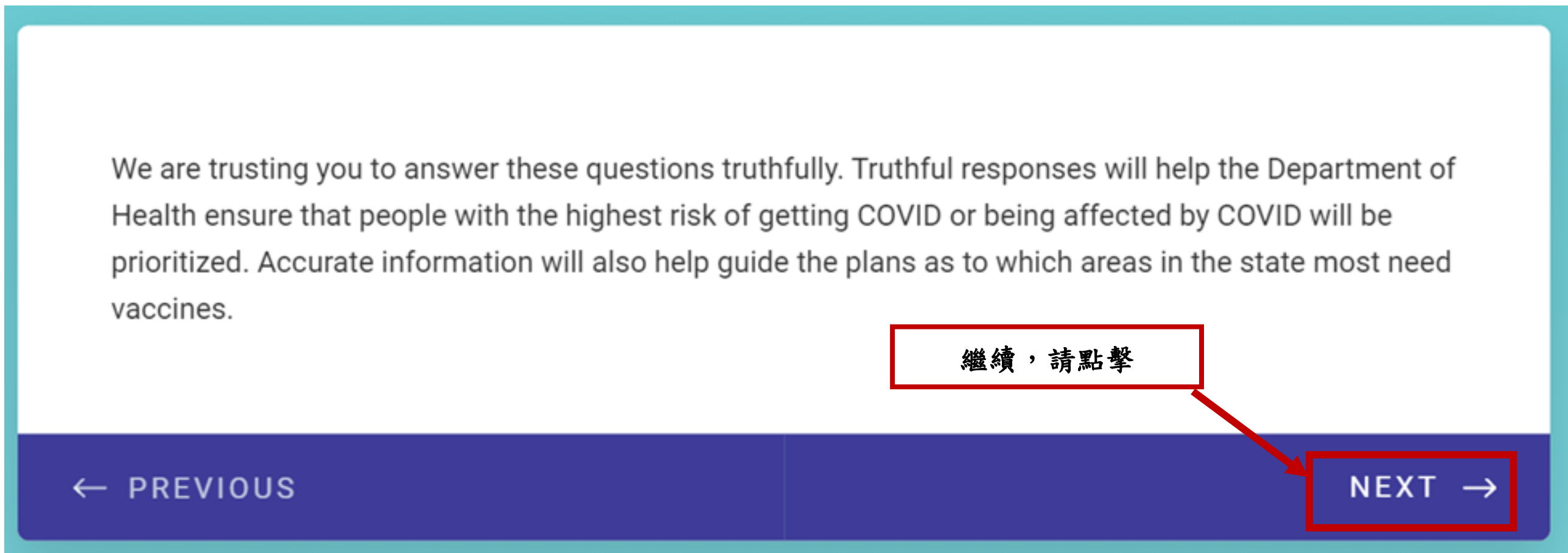


3. 在開始之前，請先閱讀以下資訊：

- 如懷孕，歡迎您填寫此表格，但請與您的衛生保健提供者提出您的疫苗接種事項。
- 各地區管轄的疫苗優先分配階段可有不同。請諮詢您的地區提供者。
- 目前，輝瑞疫苗僅為 16 歲或以上人士提供，而 Moderna 疫苗僅為 18 歲或以上人士提供。

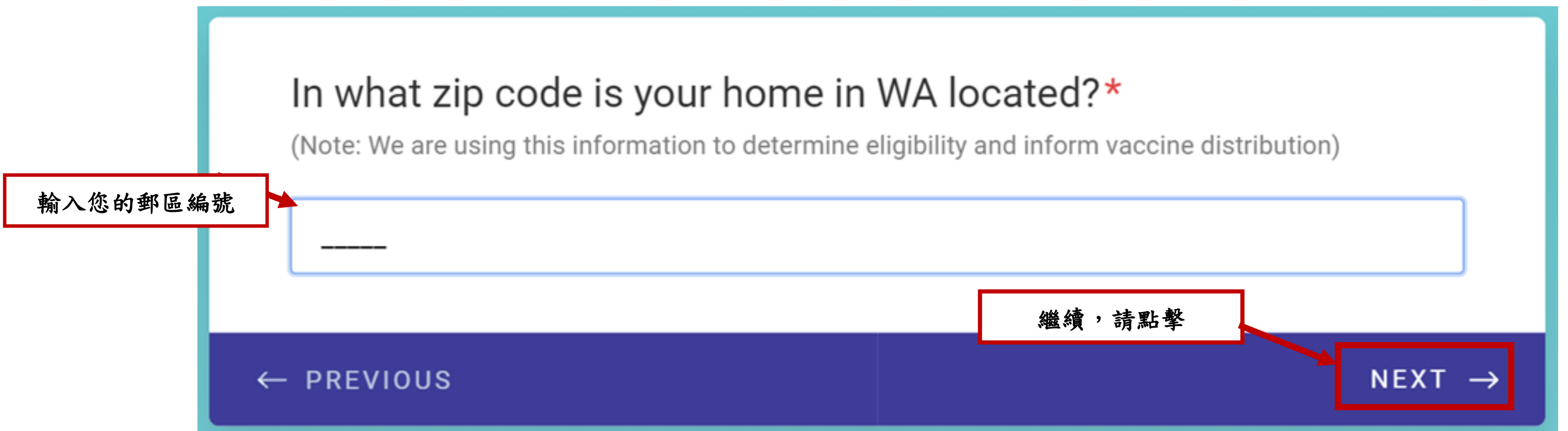


4. 我們相信你能如實回答這些問題。如實回答能有助於衛生部確保高風險群組或受 COVID-19 影響人士獲得優先接種疫苗。準確的資訊亦有助於指導本州計劃哪些地區最需要疫苗。



5. 您在華盛頓州的住址郵政編號？

注意：我們會使用此資訊來評估您是否符合接種資格及疫苗分配)



6. 您是否在醫療保健環境*中的工作（例如醫療保健提供者、疫苗接種提供者、護衛員、環境管理、顧問），由於接觸患者、同事或樣本而有被感染或傳播 COVID 的風險？

*"醫療保健環境"是指向人提供醫療保健的地方，包括但不限於緊急護理設施、長期緊急護理設施、住院康復設施、療養院和輔助生活設施、家庭保健、提供醫療保健的車輛（如移動診所）和門診設施（如透析中心、醫生辦公室等）。

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”：

您是否生活在群體環境中（如長期護理或輔助生活設施、群體之家、其他），而其中 65 歲以上的人士有接受護理、監督或醫療援助？*

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

繼續，請點擊

← PREVIOUS NEXT →

8. 如回答“不是”：

您的年齡是？

What is your age? *

輸入您的年齡

繼續，請點擊

← PREVIOUS This field is required. NEXT →

9. 您是否無法獨力生活，您是否由親戚、家庭護理員或需要外出工作的人員所照顧？

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

繼續，請點擊

← PREVIOUS NEXT →

10. 您是否超過 50 歲，與不是您孩子（即孫子、侄女或侄子）的人一起生活，並且照顧他們？

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

繼續，請點擊

← PREVIOUS →

11. 選擇以下哪項適用於您？*此欄必需回答

如您以下的健康或醫療狀況，感染 COVID-19 病毒會帶來更嚴重的後果。如您有以下病症之一，即使狀況已通過用藥或改善生活方式而得到良好控制，您仍應考慮該聲明適用於你。有關這些狀況或您是否符合下列狀況的更多資訊，請參閱此連結：<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- 這些都不適用於我
- 未治愈的癌症
- 我有慢性腎病
- 我有唐示綜合症
- 我有慢性阻塞肺病
- 我有心臟病，如心力衰竭，冠狀動脈疾病或心肌病
- 因器官移植，我的免疫功能較低
- 我嚴重超重（體重指數 BMI 在 30 或以上）
- 我有鎌刀型紅血球細胞疾病
- 我正懷孕
- 我有二型糖尿病
- 我是一名吸煙者

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>

請選擇適當的選項

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.

繼續，請點擊

← PREVIOUS →

12. 選擇以下哪項適用於您？*此欄必需回答

如您感染 COVID-19 病毒，以下的健康或醫療狀況與更嚴重的後果有關連。如您有以下條件之一，但可用藥物或改善生活方式而得到良好管理，您仍應考慮該聲明適用於您。有關這些條件或確定是否適用於您的更多資訊，請參閱此連結：<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

- 這些都不適用於我
- 我有中度至重度哮喘
- 我有一個腦血管疾病，影響血管和血液供應的大腦，
- 我有囊性纖維化
- 我有肺纖維化
- 我有高血壓
- 我有一型糖尿病
- 我中度超重（體重指數 BMI 在 25—30 之間）
- 我有神經疾病，如癡呆症
- 我有地中海貧血（血液紊亂的一種）
- 我有二型糖尿病
- 我有一個削弱的免疫系統從骨髓移植，免疫缺陷，HIV，使用皮質類固醇，或其他免疫削弱藥物

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.

繼續，請點擊

← PREVIOUS

NEXT →

13. 您是否外出工作和/或與外出工作者同居？

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. 根據華盛頓州必需工作人員清單，您是否被視為必需工作人員

如不確定，請參考此清單。

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.](#) 點擊此處打開必需工作人員清單

是 YES NO 不是

繼續，請點擊 NEXT →

← PREVIOUS

15. 如選擇“是”，請回答以下問題：

選擇以下哪項最適用於您的工作。如您與其他人在封閉的空間 6 英尺範圍以內每天一起工作幾個小時，才需選擇。

- 這些都不適用於我
- 我在公共交通領域工作（注意以上關於空間和時間的事項，回答此項和其他選項）
- 我在消防部、執法部工作或是需對應公共衛生或安全事項的社會工作者。
- 我是一名在 K-12（幼稚園，中小學）學校工作的教育工作者或有關工作人員（例如，司機，行政人員，巴士司機，食品服務，環境服務）。
- 我在保育院/托兒所或早教學前班的封閉環境中的工作
- 我是一個農業工人，並工作和/或生活在一個團體環境。
- 我在食品生產線上和其他人在封閉的空間內工作。
- 我在雜貨店或食品銀行和其他人在封閉的空間內工作。
- 我在懲教署、監獄、拘留中心或法庭環境工作。
- 我在殘疾人團體之家工作或做志願者。
- 我在一個封閉的空間內做志願者，為無家可歸的人士提供服務。

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.

繼續，請點擊 NEXT →

← PREVIOUS

16. 如果您是工人或志願者，您能降低暴露的風險嗎（例如，保持身體距離，在家辦公）？

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 **不適用**

繼續，請點擊

← PREVIOUS **NEXT** →

17. 請選擇下列符合您居住或殘障狀況的選項。

- 均不符合。
- 我是無家可歸人士。
- 我目前居住在教養所，監獄或拘留中心。
- 我居住在康復中心或藥物濫用康復設施等集體居住環境。
- 我的殘疾令我無法採取針對 covid-19 的保護措施。
- 我居住在為殘障人士（精神病，发育/智力障礙，身體殘疾）設置的集體居住環境。

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. **我是無家可歸人士**

I am a resident of a group home for people in recovery or a substance use disorder facility. **我目前居住在教養所，監獄或拘留中心**

I currently reside in a corrections facility, prison, jail, or detention center. **我居住在康復中心或藥物濫用康復設施等集體居住環境**

I have a disability that prevents me from adopting protective measures against COVID-19. **我的殘疾令我無法採取針對covid-19的保護措施。**

I am a resident of a group home for people with disabilities (mental illness, developmental/intellectual disabilities, physical disabilities). **我居住在為殘障人士（精神病，发育/智力障礙，身體殘疾）設置的集體居住環境。**

繼續，請點擊

← PREVIOUS **NEXT** →

18. 那一項最適用於你？

請注意，以下回答並不影響您獲得疫苗的資格。

- 如符合資格，我計劃盡快接種疫苗
- 我不確定是否接種疫苗
- 我可能不會接種疫苗

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. **如符合資格，我計劃盡快接種疫苗**

I probably won't get the COVID-19 vaccine. **我可能不會接種疫苗**

I am unsure about getting the COVID-19 vaccine. **我不確定是否接種疫苗**

繼續，請點擊

← PREVIOUS **NEXT** →

19. 您符合資格種疫苗

要領取疫苗接種確認書，請輸入您的姓名。在接種疫苗時，您可以出示此確認書。

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 繼續，請點擊 Next

HIPAA COMPLIANT

20. 登記通知

如您希望收到華盛頓州衛生部關於接種 COVID-19 疫苗的提醒，請提供電郵地址或電話號碼其中一項。我們也會發送您的疫苗接種確認書副本到您的電子郵箱。您的資訊將保密，且只限用於此目的。

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 電子郵件 Text message 短訊

Phone call 電話

Please enter your email address

輸入電郵地址

example@example.com

Please enter your phone number

(000) 000-0000 輸入電話號碼

Please enter a valid phone number.

Back 查看和提交 Submit

HIPAA COMPLIANT

21. 登記通知

請把以下確認書截圖儲存或打印出來，以便在接種疫苗時出示，以作證明。(註：不是每一個疫苗接種地點都會要求出示這項證明，但鼓勵各位計劃接種疫苗的人士稍作準備，以備有需要時出示此證明。)



Thank You Albert Yin! You are
eligible to get the COVID-19 vaccine
now.

Please take a screenshot or print off this confirmation message and show it to your vaccine provider. **This is not an appointment.** To make an appointment, click here:

doh.wa.gov/VaccineLocations