

Letter head	Chinese <b>Registration Form</b>
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**For Office Use Only:**  
*Place Sticker Here*

<b>For Office Use Only:</b> Screening: HBsAg and HBsAb
Amount Paid:

**Personal Information**

男 Male     女 Female

姓名 Name: \_\_\_\_\_  
Last/Family                                  First/Given

生日 Date of Birth: \_\_\_\_\_      年齡 Age: \_\_\_\_\_  
MM/DD/YYYY

出生地 Place of Birth: \_\_\_\_\_  
State/Province                                  Country

電話 Contact Telephone: (        ) \_\_\_\_\_ - \_\_\_\_\_

住址 Home Address: \_\_\_\_\_  
Street    Apartment #  
\_\_\_\_\_  
City                                  State                                  Zip-code - 4 digit code

你有得過 B 型肝炎嗎? Have you ever been diagnosed with hepatitis B?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不清楚 Don't Know
你有沒有打過 B 型肝炎疫苗? Have you ever been vaccinated against hepatitis B?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不清楚 Don't Know
你有家人得到 (過) B 型肝炎嗎? Does anyone in your family have hepatitis B?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不清楚 Don't Know
你有家人曾患有過或被診斷患有肝癌嗎? Does anyone in your family have liver cancer?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不清楚 Don't Know
你有孩子嗎? Do you have children?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
你的小孩有接受過 B 型肝炎疫苗嗎? If yes, are your children vaccinated against hepatitis B?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不清楚 Don't Know