

# 聲明書 Patient Declaration

本人 \_\_\_\_\_ 因遭 \_\_\_\_\_ (動物名稱) 抓咬傷至  
\_\_\_\_\_ (就診醫院名稱) 就診，因未符合公費人用狂犬病  
疫苗免疫球蛋白對象，經診療醫師說明感染風險及可能之不良反  
應，仍決定並願意自費接種，特立此書以資擔保，如有不實，願負一  
切法律上之責任。

I, \_\_\_\_\_ (Patient Name), have recently been bitten/scratched by  
\_\_\_\_\_ (Animal Species) and then sought medical attention at  
\_\_\_\_\_ (Hospital Name). Although I am not qualified for  
government-funded  human rabies vaccine/ human rabies immunoglobulin,  
I wish to be vaccinated against rabies at my own expense. I understand there is  
a charge for this vaccination. I have had the opportunity to discuss the  
suitability and side effects of the vaccine(s)/immunoglobulin with my physician.  
By signing this declaration, I hereby declare that all the information provided in  
this form is true, correct and accurate to the best of my knowledge. I understand  
and acknowledge that if any of the information provided in this form is false or  
inaccurate, I will be subject to legal liabilities.

此致

\_\_\_\_\_ (就診醫院名稱 Hospital Name)

立書人簽章 Patient Signature :

身份證字號 Patient I.D. No. :

聯絡電話 Patient Contact No. :

地址 Patient Contact Address :

(由醫院及民眾各收執乙份)

(Both the hospital and the patient will keep a copy of the signed declaration)