**My Child’s Immunisation History**

***Please write clearly and in BLOCK CAPITALS (1 child per form)***

**Child’s Full Name:**

**Date of Birth: NHS Number:**

**GP Surgery:**

|  |  |  |
| --- | --- | --- |
| **Routine Childhood Immunisations** | **Age Usually Given** | **Date Given****(dd/mm/yy)** |
| **1st DTaP/IPV/HIB** Diptheria, Tetanus, Pertussis, Polio and Hib | 2 months |  |
| **Hepatitis B** |  |
| **MEN B** Meningococcal B |  |
| **Rotavirus** |  |
| **2nd DTaP/IPV/HIB** Diptheria, Tetanus, Pertussis, Polio and Hib | 3 months |  |
| **Hepatitis B** |  |
| **Rotavirus** |
| **PCV** Pneumococcal |  |  |
| **3rd DTaP/IPV/HIB** Diptheria, Tetanus, Pertussis, Polio and Hib | 4 months |  |
| **Hepatitis B** |  |
| **MEN B** Meningococcal B |  |
|  |
| **Hib / MEN C** | 12-13 months |  |
| **1st MMR** Measles, Mumps, Rubella |  |
| **PCV** Pneumococcal |  |
| **MEN B** Meningococcal B |  |
| **2ndMMR** Measles, Mumps, Rubella | 3yrs 4 months approx |  |
| **4th/Pe School Booster** Diptheria, Tetanus, Pertussis, Polio and Hib |  |

|  |  |  |
| --- | --- | --- |
| **Non Routine Vaccines** | **Date Given****(dd/mm/yy)** | **Other Vaccines Received** |
| BCG |  |  |
| Meningitis C |  |
| Hepatitis B | 1st | 2nd | 3rd | 4th |  |

|  |  |  |
| --- | --- | --- |
| **Bloodspot Screening Test** | **Date** | **Outcome** |
| **Hearing Test** | **Date** |

**Are you following the UK Immunisation Schedule? YES / NO**

**If NO, please state which country: ……………………………………………………………………………………**

***Please return this form along with your child’s registration paperwork.***

**Parent’s Name……………………………………………………………………….. Date ………………………………**