

Sandyford Surgery – Vaccination Record (for under 5years)

It is important that you notify us of your child’s vaccination history. We would ask you to complete the under noted information and hand it to the receptionist along with your child’s Registration Form to join the practice. Alternatively please bring in your child’s vaccination record book so that we can take a photocopy in order to update their medical record.

NAME OF CHILD _____ **D.O.B.** _____

VACCINATION	YES/NO	DATE GIVEN	WHERE GIVEN UK OR ABROAD
1 st Diphtheria/Pertussis (Whooping Cough) Tetanus/Polio/Hib (2 months old)			
1 st Meningitis C (2 months old)			
2 nd Diphtheria/Pertussis (Whooping Cough) Tetanus/Polio/Hib (3 months old)			
2 nd Meningitis C (3 months old)			
3 rd Diphtheria/Pertussis (Whooping Cough) Tetanus/Polio/Hib (4 months old)			
3 rd Meningitis C (4 months old)			
Measles/Mumps/Rubella (German Measles) (15 months old)			
Booster Diphtheria/Tetanus/Polio/Measles/ Mumps/Rubella (German Measles) (4 ½ years old)			
BCG (may have given if child in risk group)			

PLEASE NOTE:

If your child did **NOT** have the above vaccinations at the appropriate age, we would be grateful if you would let us know your reason for this, otherwise we shall arrange to call him /her to our next Immunisation Clinic.

COMMENTS:
