

My Child's Immunisation History



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

Child's Full Name:

Date of Birth:

NHS No:

GP Surgery:

Routine Childhood Immunisations		Age usually given	Date Given (dd/mm/yy)
1st DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib	2 months	
Hepatitis B			
MEN B	Meningococcal B		
Rotavirus			
PCV	Pneumococcal		
2nd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib	3 months	
PCV	Pneumococcal		
Hepatitis B			
Rotavirus			
3rd DTaP/IPV/HIB	Diphtheria, tetanus, pertussis, polio and Hib	4 months	
Hepatitis B			
Men B	Meningococcal B		
PCV	Pneumococcal		
Hib / Men C		12 - 13 months	
1st MMR	Measles, Mumps, Rubella		
PCV	Pneumococcal booster		
MEN B	Meningococcal B		
2nd MMR	Measles, Mumps, Rubella		
4th/Pre School Booster DTaP/IPV	Diphtheria, tetanus, pertussis, polio	3 yrs 4 months	
HPV 1	Human Papillomavirus(Cervical Cancer)	12-13 years	
HPV 2	Human Papillomavirus(Cervical Cancer)		
Td/IPV MenACWY	Tetanus, diphtheria, polio booster Meningococcal A C W Y	14 years (Year 9 school)	

NON ROUTINE VACCINES	Date given (DD/MM/YY)		OTHER VACCINES RECEIVED		
	1 st	2 nd	3 rd	4th	
BCG					
Meningitis C					
Hib Booster (Haemophilus Influenza B)					
Hepatitis B					

Please return this form to your GP surgery

Or take a photocopy/picture of the schedule and email to the GP.

Are you following the UK Immunisation Schedule? YES / NO (Please circle)

If No, please state which country

Parents Name:

Date/...../.....