

++Following UK Immunisation Schedule? YES / NO (Please delete). If No, please state which country

Name:

Date of birth:

GP:

NHS number:

Routine Childhood Immunisations	Age usually given	Date Given (dd/mm/yy)			Indicate if Declined
1 <sup>st</sup> Diphtheria, tetanus, pertussis, polio, Hib and Hepatitis B	2 months				
Meningococcal B Part 1					
Rotavirus					
2 <sup>nd</sup> Diphtheria, tetanus, pertussis, polio and Hib, Hepatitis B	3 months				
Pneumococcal (PCV)					
Rotavirus					
3 <sup>rd</sup> Diphtheria, tetanus, pertussis, polio and Hib, Hepatitis B	4 months				
Meningococcal B Part 2					
Hib / Men C (Menitorix)	12 - 13 months				
1 <sup>st</sup> MMR (Measles, Mumps, Rubella)					
Pneumococcal (PCV) booster					
Meningococcal B Part 3					
2 <sup>nd</sup> MMR	3 yrs 4 months approx.				
4 <sup>th</sup> Diphtheria, tetanus, pertussis, polio (Pre-School Booster)					
Human Papillomavirus vaccine (HPV)	12 -18 yrs	1st	2nd	3rd	
5 <sup>th</sup> Diphtheria, tetanus, polio (School leavers booster)	13 - 18 years				
Meningitis ACWY					

NON ROUTINE VACCINES	Date given (dd/mm/yy)					BCG Clinical Assessment Outcome	
						Required (meets criteria)	Not Required (does not meet criteria)
Mantoux test							
BCG							
Meningitis C							
Hib Booster (Haemophilus Influenza B)							
Flu							
Hepatitis B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>				
Neo natal Hepatitis B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		
Other Vaccines received / Other Information.							

**BCG CRITERIA QUESTIONS**

- Has the child had a BCG immunisation?
- Does the child have a parent or grandparent from a country with high rates of TB, who they have regular contact with?
- Was the child born or have they lived in a country with high rates of TB for more than a total of 3 months of their life?

Date of Bloodspot Screening Test				Outcome codes			
Please enter outcome codes below				2: Test declined			
Condition	Code	Condition	Code	4: Condition not suspected (Normal)			
Cystic Fibrosis		MSUD		5: Carrier			
Hypothyroidism		IVA		8: Condition suspected			
MCADD		GA1		9: Screening incomplete – give details			
Phenylketonuria		HCU		9.1: Died; 9.2: Unreliable; 9.3: Too old; 9.4: Moved out of area			
Sickle Cell							

**UNDER 2 years:** Neonatal hearing test Date:

**HV/SHN Name**..... **Date:**.....

Please return this form to: Child Health Department NHS South, Central and West CSU, 85c Milton Park, Abingdon, OX14 4RY  
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