**THE LIMES MEDICAL CENTRE**

**TO BE COMPLETED FOR ALL NEWLY REGISTERED UNDER 5 YEAR OLDS**

Please help us to update your child’s immunisation history by completing these details. If you do not know the exact dates, please specify approximate month and year.

N.B. We will assume that the immunisations were carried out at your practice surgery, unless you state otherwise below.

Thank you

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Diphtheria\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Diphtheria\_\_\_\_\_\_\_\_\_\_\_ 3rd Diphtheria\_\_\_\_\_\_\_\_\_\_\_\_

1st Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Pertussis\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Pertussis\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Pertussis\_\_\_\_\_\_\_\_\_\_\_\_

1st Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Polio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3rd Hib\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Pneumococcal\_\_\_\_\_\_\_\_\_\_ 2nd Pneumococcal\_\_\_\_\_\_\_\_ 3rd Pneumococcal\_\_\_\_\_\_\_\_

Hib and Men C at 1 year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MMR at 13 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PSB at 3 year 4 month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_