

Childhood Immunisation record 0-14years (UK)

I parent/ Guardian of _____

D.O.B _____ can confirm that the childhood immunisations are up to date.

Age of the child	Immunisations	Country given	Date given
At birth	<ul style="list-style-type: none"> • BCG 		
8 weeks old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and hepatitis B • Meningococcal group B • Rotavirus gastroenteritis 		
12 weeks old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B • Pneumococcal • Rotavirus 		
16 weeks old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B • MenB 		
1 year old	<ul style="list-style-type: none"> • Hib and MenC • Pneumococcal • Measles, mumps and rubella • MenB 		
3 years and 4 months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis and polio • Measles, mumps and rubella 		
12-13 years old	<ul style="list-style-type: none"> • Cancers and genital warts caused by specific human papillomavirus (HPV) types 		
14 years old	<ul style="list-style-type: none"> • Tetanus, diphtheria and polio • Meningococcal groups A, C, W and Y 		

The above information is provided without any written confirmation of vaccination given. I parent/Guardian would like to give consent or no consent for any outstanding vaccination given to my child.

Parent/Guardian name: _____

Telephone number: _____

Relationship to the child: _____

Date: _____