

Appendix 3 – Under 18s medical summary form

STRICTLY CONFIDENTIAL TO THE UNIVERSITY MEDICAL GROUP

Please fill this form accurately, as the information you provide becomes part of the medical record

Children under 18 years medical summary form

Dependent of:

Name of Parent/Guardian	1)	D.O.B	
Address if different to child's address			
Name of Parent/Guardian	2)	D.O.B	
Address if different to child's address			
Relationship to child:	1) 2)		

IMMUNISATIONS

Children already registered with an NHS GP

Are you sure that all immunisations according to the recommended UK schedule have been given at the usual times?

Yes ☐

No ☐

In both cases please bring documented evidence about the immunisation history when you come to the registration appointment.

Children newly registering with the NHS

Although some immunisations, such as DTP and polio, are routinely given in almost every country in the world now, there are some additional vaccines, e.g. to protect against meningococcal meningitis, which are given in the UK because of the increased risk of infection.

OR

Please bring documented evidence about which immunisations have been given when you come to the registration appointment. Children residing in the UK would be expected to follow the schedule of immunisations set out by the Department of Health. Immunisations required to bring your child up-to-date will be offered by a nurse at registration.

Please give dates of MMR

1st dose _____ 2nd dose _____

HEALTH CENTRE USE ONLY

ONLY 18 years and under

Pass form to Admin team



New-borns do not need a registration medical. Reception to check a six week baby check has been booked once the maternity discharge letter is received