

Registration of Children under 6 years of age

In order that we may offer the best possible health care to your child, it is important that we have accurate records. As your previous doctor's notes may take many months to reach us, it would be helpful if you could provide us with the following details:

Please fill in with **BLOCK CAPITAL LETTERS** and return to reception or email this form to
chartfield.admin@nhs.net

Child's Name: D.O.B:

Daytime home and mobile contact number of Parent/Guardian:

Immunisation History *Please provide all dates.*

Age of child	Vaccination	Date of vaccination
Two months old (Two injections and one oral dose)	1 st dose Diphtheria, Tetanus, Pertussis, Polio & Haemophilus influenzae type b (Hib)	
	1 st dose Pneumococcal	
	1 st dose Rotavirus	
Three months old (Two injections and one oral dose)	2 nd dose Diphtheria, Tetanus, Pertussis, Polio & Hib	
	1 st dose Meningitis C (MenC)	
	2 nd dose Rotavirus	
Four months old (two injections)	3 rd dose Diphtheria, Tetanus, Pertussis, Polio & Hib	
	2 nd dose Pneumococcal	
Between 12 and 13 months old (Three injections)	Booster Hib/MenC	
	3 rd dose Pneumococcal	
	1 st dose Measle, Mumps and Rubella (MMR)	
From three years four months old or soon after (Pre-school booster) (one injection)	Booster Diphtheria, Tetanus, Pertussis, Polio	
	2 nd dose Measle, Mumps and Rubella (MMR)	

Immunisations given abroad may differ from the above. Please indicate if this is the case or provide the surgery with a **photocopy** of your personally held immunization records.

Child's Ethnicity - Please tick as appropriate (ask at reception for further information)

- | | | |
|--|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Mixed White & Black Caribbean | <input type="checkbox"/> Mixed White & Asian |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Mixed White & Black African | <input type="checkbox"/> Any other mixed background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Indian (Asian or Asian British) | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Caribbean (Black or Black British) | <input type="checkbox"/> Pakistani (Asian or Asian British) | <input type="checkbox"/> Any other ethnic origin |
| <input type="checkbox"/> African (Black or Black British) | <input type="checkbox"/> Bangladeshi (Asian or British Asian) | |
| <input type="checkbox"/> Any other Black background (Black or Black British) | <input type="checkbox"/> Any other Asian background (Asian or British Asian) | |

Please state your child's first main language

Note to staff: (Please return this form to Nurse Mary)