



# Immunisations at one year of age

\* Please place a sticker (if available) otherwise write in space provided.

Please press firmly

Surname:

First names:

NHS number:  Unit no:

Address:  Sex: M / F

Post code:  D.O.B:

G.P.  Code:

H.V.  Code:

Breastfeeding at all at 1st birthday:  
 Yes  No

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
One year						
Hib/MenC	AKKOR369A	19/9	gsk	R	ELDER	
PCV	W91639	19/9	phizer	L	BOCK	GFP
MenB	171421A	18	gsk	L	BOCK	
MMR (1st dose)	AK9CE613A	18	gsk	R	BOCK	

Immunisations at one year of age

# BCG vaccination

Please press firmly

\* please place a sticker (if available) otherwise write in space provided.

Surname: **R A Z A Q**

First names: **I B R A H I M**

NHS number: **1 1 7 1 2 6 9 0 4 5** Unit no:

Address:  Sex: **M**

Post code:  D.O.B: **19 08 17**

G.P: **T R E V A L Y A W H** Code:

H.V:  Code:

### For Babies Only

Mother's surname:

Mother's first name:

Mother's NHS number:

### Reason for BCG (please tick): (see Department of Health guidelines for specific details)

- Universal neonatal programme
- Parent/grandparent born in a country with a high TB rate, please specify country: **Pakistan**
- TB in a relative or close contact
- Travel to a country with a high TB rate
- Born or lived in a country with a high TB rate
- Other, please specify:

High TB rate = 40/100,000 or higher. For information on TB incidence by country see: <https://goo.gl/gLsBpq>

### Administration of prior skin test (if indicated):

Test	Immuniser		
	Date	Batch No.	Site
Mantoux			
Result -	Date		Name in CAPITALS
Measurement (mm)			Venue

### Administration of BCG:

Date	Immuniser		
	Batch No.	Site	Name in CAPITALS
<b>24 3 18</b>	<b>203 FEB 19</b>	<b>LUN</b>	<b>SARINA JCHW</b>
			Venue