

BCG vaccination

one year of age

Please press firmly



* Please provide

Surname

First name

NHS number

Address

NHS No: 720 546 4854
 16-01-2019 Male
 NAVEED, Babyismleha
 Flat 18 Livingstone Court, 45 Mallock Road... E10 6BX
 Ethnic Cat: J
 40 weeks
 434 747 9433
 Rank: 1/1
 Smleha, NAVEED
 F86073
 Crowe, Mary
 WHIPPS CROSS UNIVERSITY... Printed on: 16-01-2019

H.V.

Sex: M / F

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: _____
- TB in a relative or close contact
- Travel to a country with a high TB rate¹
- Born or lived in a country with a high TB rate¹
- Other, please specify: _____

¹ High TB rate = 40/100,000 or higher. For information on TB incidence by country see: <https://goo.gl/NNMxuz>

Administration of prior skin test (if indicated):

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

Administration of BCG:

Date	Batch No.	Site	Immuniser	Venue
17/1/18	117006A	UNA	SE-LESTER	axell

