

PLEASE TICK THE RELEVANT BOXES AND COMPLETE ALL THE REQUIRED INFORMATION
 IN BLACK INK AND CAPITAL LETTERS

TO LET CHILD HEALTH DEPARTMENT KNOW THE FOLLOWING INFORMATION:

CHILDREN MOVING INTO AREA

CHILDREN MOVING OUT OF AREA

CHANGE OF G.P. SURGERY / TREATMENT CENTRE

CHANGE OF DETAILS

Child's Details

Child's Name _____

Male/Female _____

National Health Service Number (NHS) _____

Date of Birth _____

Mother's Details

Mother's Name _____

National Health Service Number (NHS) _____

Date of Birth _____

New Address _____

Post Code _____ Telephone Number _____

New General Practitioner (G.P.) _____

Surgery Address _____

School your child now attends (if applicable) _____

If the surgery has more than one centre for immunisation, please advise where the child is to attend:

New Health Visitor (H.V.) _____ H.V team _____

Base _____

PREVIOUS DETAILS

Name (if different from above) _____

Address _____

G.P. _____ Health Visitor _____

G.P Address _____

IMMUNISATIONS

IMMUNISATIONS	DATE GIVEN
Bacille Calmett Guerin (BCG)	
1st Hepatitis B	
2nd Hepatitis B	
3rd Hepatitis B	
1st Pediacel (Diphtheria/Tetanus/Acellular Pertussis (Whooping Cough)/Inactivated Polio Myelitis/ Haemophilus Influenza b (Hib), 1st Prevenar (Pneumococcal)	
2nd Pediacel Diphtheria/Tetanus/Acellular Pertussis (Whooping Cough)/Inactivated Polio Myelitis/ Haemophilus Influenza b (Hib), 1st Men C - Meningococcal C	
3rd Pediacel Diphtheria/Tetanus/Acellular Pertussis (Whooping Cough)/Inactivated Polio Myelitis/ Haemophilus Influenza b (Hib), 2nd Prevenar (Pneumococcal), 2nd Men C - Meningococcal C	
Men C (Meningococcal C) and Hib booster (Haemophilus Influenza b) 1st MMR (Measles/Mumps/Rubella) & Prevenar (Pneumococcal) at 12 months and 13 months	
Pre-School booster (Diphtheria or low dose Diphtheria/Tetanus/Acellular Pertussis/ Inactivated Polio Myelitis Vaccine, MMR 2 at 3-5 years (Measles/Mumps/Rubella), Hib booster at 3-5 years (Haemophilus Influenza b)	
1st HPV (Human Papillomavirus) at 12-13 years	
2nd HPV (Human Papillomavirus) at 12-13 years	
3rd HPV (Human Papillomavirus) at 12-13 years	
DT/IPV (low dose Diphtheria, Tetanus, Inactivated Polio Myelitis vaccine booster) at 14-15 years	

FOR IMMUNISATION RESULTS OF OTHER CHILDREN, PLEASE USE SEPARATE FORM

Please Return to: THAMES VALLEY PRIMARY CARE AGENCY
 BERKSHIRE WEST PCT
 CHILD HEALTH DEPARTMENT
 7-9 CREMYLL ROAD
 READING
 BERKS SL1 2BJ
 RG1 8NQ

Date

Data Protection: This data is being collected solely for the purpose of consent/non-consent. It will be held by the health authority and the information provided by you will not be used for mailing purposes nor passed on to third parties.