

## The Elmwood Medical Practice

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### CHILD REGISTRATION FORM

**To be used for all children under 16 years**

Surname

First Name

Date of birth

Male/Female

Address

Tel No:

Next of kin

Address

Tel No

Relationship to patient

Nationality

First Language Spoken

Interpreter needed?

Yes / No

Asylum seeker/refugee?

Yes/ No

#### Previous immunisations & dates

**Please tick the relevant boxes or supply us with vaccination records:**

Immunisation	Names of Vaccines	Yes	No	Date Given (approximately)
2 months old	1 <sup>st</sup> Diphtheria, tetanus, pertussis, polio Hib and Hep B			
	1 <sup>st</sup> Rotavirus			
	1 <sup>st</sup> Men B			
3 months old	2 <sup>nd</sup> Diphtheria, tetanus, pertussis, polio Hib and Hep B			
	2 <sup>nd</sup> Rotavirus			
	1 <sup>st</sup> Pneumococcal			
4 months old	3 <sup>rd</sup> Diphtheria, tetanus, Pertussis, polio Hib and Hep B			
	2 <sup>nd</sup> Men B			
Just after the first birthday	1 <sup>st</sup> Measles, mumps and rubella			
	2 <sup>nd</sup> Pneumococcal			
	Hib and meningitis C			
3 years and 4 months old	3 <sup>rd</sup> Men B			
	Booster Diphtheria, tetanus, Pertussis and polio			
14 to 18 years Old	2 <sup>nd</sup> Measles, mumps and Rubella			
	Tetanus, diphtheria and polio			
Any other vaccines - Please list with dates	Meningitis ACWY			

Please note that we take our vaccination responsibilities seriously. If we do not have records of vaccinations, we would generally restart the NHS vaccination schedule again from the beginning in accordance with Public Health guidance <sup>1</sup>. We would ask that you read & sign the statement below to ensure that you understand this

I have no objections to vaccination as per the PHA guidance

Signature of guardian/ next of kin:

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Previous medical history?

Medication?

Allergies?

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Is this child on a Social Services Child Protection Register or Looked After Child?

**What is your child's ethnic group?**

Choose one section from A to E, then tick the appropriate box to indicate your ethnic group

<b>Section A White</b>		
British or mixed British	9i0	<input type="checkbox"/>
Irish	9i1	<input type="checkbox"/>
Irish traveler	9i2c	<input type="checkbox"/>
Other- please specify		<input type="checkbox"/>
<b>Section B Mixed</b>		
White & black Carribean	9i3	<input type="checkbox"/>
White & black African	9i4	<input type="checkbox"/>
White & Asian	9i5	<input type="checkbox"/>
Any other mixed background- please specify		<input type="checkbox"/>
<b>Section C Asian or Asian British</b>		
Indian or British Indian	9i7	<input type="checkbox"/>
Pakistani or British Pakistani	9i8	<input type="checkbox"/>
Bangladeshi or British Bangladeshi	9i9	<input type="checkbox"/>
Any other Asian background- please specify		<input type="checkbox"/>
<b>Section D Black or black British</b>		
Carribean	9iB	<input type="checkbox"/>
African	9iC	<input type="checkbox"/>
Any other black background- please specify		<input type="checkbox"/>
<b>Section E Chinese</b>		
Chinese	9iE	<input type="checkbox"/>
Other ethnic group- please specify		<input type="checkbox"/>

<sup>1</sup> [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1194947406156](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1194947406156); "Vaccination of individuals with uncertain or incomplete immunisation status"