

PERSONAL HEALTH RECORD

Academic year 2020/2021

| | | | |
|---------------|-----|-------|------|
| First name | | | |
| Last name | | | |
| Date of birth | Day | Month | Year |

| COMPULSORY VACCINATIONS | DATE |
|---------------------------------------|------|
| DTP <i>Diphtheria, Tetanus, Polio</i> | |
| Whooping cough <i>Pertussis</i> | |

| RECOMMENDED VACCINES | | | DATE |
|------------------------------------|------------------------------|-----------------------------|------|
| MMR <i>Measles, Mumps, Rubella</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Typhoid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Chickenpox | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| BCG | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Hepatitis B | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Haemophilus influenzae type B | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Meningitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Pneumococcal Infections | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Japanese encephalitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

| CASE HISTORY | | |
|--------------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart problems | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chickenpox | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other childhood diseases | | |

| | |
|---|--|
| Surgical History | |
| Food allergies Drug allergies | |
| Permanent medical treatment <i>Name and doses of the medication</i> | |

Necessity of an individualised support programme:

Yes

No

| | |
|---|--|
| Other information to be communicated | |
|---|--|

Place:

Date:

Signature: