LYCÉE FRANÇAIS INTERNATIONAL DE MUMBAI

aefe
Agence pour l'enseignement français à l'étranger

PERSONAL HEALTH RECORD

Academic year 2021-2022

First name			
Last name			
Date of birth	*Day*	*Month*	*Year*

COMPULSORY VACCINATIONS	DATE
DTP Diphtheria, Tetanus, Polio	
Whooping cough Pertussis	

RECOMMENDED VACCINES			DATE
MMR Measles, Mumps, Rubella	☐ Yes	☐ No	
Typhoid	☐ Yes	☐ No	
Chickenpox	☐ Yes	☐ No	
BCG	☐ Yes	☐ No	
Hepatitis B	☐ Yes	☐ No	
Haemophilus influenzae type B	☐ Yes	☐ No	
Meningitis	☐ Yes	☐ No	
Pneumococcal Infections	☐ Yes	☐ No	
Japanese encephalitis	☐ Yes	☐ No	

CASE HISTORY		
Asthma	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Hearing problems	☐ Yes	☐ No
Heart problems	☐ Yes	☐ No
Chickenpox	☐ Yes	☐ No
Other childhood diseases		

Surgical History	
Food allergies Drug allergies	
Permanent medical treatment Name and doses of the medication	

Necessity of an individualised support programme: ☐ Yes ☐ No

Other information to be communicated	

Place: **Date:**

Signature: