Medical Information

Child's Doctor: Name: Address:	Health Visitor: Name: Address:

Telephone Number:

Does your child have any of the following:

Speech difficulties:	Yes/No	Hearing Difficulties:	Yes/No
Wear glasses:	Yes/No	Epilepsy:	Yes/No
Asthma:	Yes/No	Eczema:	Yes/No
Diabetes:	Yes/No	Fainting/ Blackouts	Yes/No

Any Other please state:……

Does your child have any allergies: Yes/No If yes please state: ……

Does your child have any dietary requirements: Yes/No. If yes please state: …….

Does your child have any special educational needs that you are aware of: Yes/No If yes please state:…… ……..

Immunisations and Infectious Diseases record

When Due	Which immunisations	Type	Date received
Two months	polio	By mouth	
	Hib	By one injection	
	1st Diphtheria		
	Tetanus		
	Whooping cough		
	Pneumococcal meningitis	By injection	
Three months	polio	By injection	
	Hib	By one Injection	
	2nd Diphtheria		
	Tetanus		
	Whooping cough		
	Meningitis C	By injection	
Four months	Polio	By injection	
	Hib	By one injection	
	3rd Diphtheria		
	Whooping cough		
	Tetanus		
	Meningitis C	By injection	
12-13 months	Hib	By one injection	
	Meningitis C		
	Measles	By one injection (MMR)	
	Mumps		
	Rubella		
	Pneumococcal meningitis	By injection	
3 –5 years	Diphtheria	By one injection	
	Tetanus		
	Whooping cough		
	Polio	By one injection	
	MMR	By one injection	

Has your child ever had:

Chicken pox:	Yes/No	Mumps;	Yes/No
Measles:	Yes/No	German Measles:	Yes/No