Primary course of immunisations

* Please place a sticker (if available) otherwise write in space provided.

Please press firmly

Surname:

First names:

NHS number: Unit no:

Address: ..... Sex: M / F

.....Post code: .....D.O.B:. ...../...../.....

G.P: Code:

H.V: Code:

Breastfeeding

at 1st Imm:
Totally ☐ Partially ☐ Not at all ☐

at 2nd Imm:
Totally ☐ Partially ☐ Not at all ☐

at 3rd Imm:
Totally ☐ Partially ☐ Not at all ☐

Vaccine	Vaccine Trade Name	Date	Batch No.	Site/route	Immuniser Name in CAPITALS	Venue
8 weeks						
DTaP/IPV/Hib/HepB						
MenB						
Rota*				By mouth		
12 weeks						
DTaP/IPV/Hib/HepB						
MenB						
Rota*				By mouth		
16 weeks						
DTaP/IPV/Hib/HepB						
PCV						

Rotavirus vaccine should only be given after checking for SCID screening result.

Top copy: remain in PCHR
All subsequent copies return to Immunisation Section as each immunisation is completed

From 1-7-2025