*****Appendix 3: Child Health Form***

Unscheduled Immunisation given at: ……………………………………….Clinic/Surgery

Please complete and return immediately to:

Pre-School Team, Community Child Health, Salisbury District Hospital, Salisbury SP2 8BJ

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| NAME | Address | Date  of Birth | NHS Number | Sex | Vaccine Type | Make & Batch Number | Date  Given | Signature of vaccinator |
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