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

Patient Identification Sticker

**Unscheduled Immunisation given at**

**(circle as appropriate): Neonatal Unit / Sarum Ward / CDAU – Salisbury District Hospital**

Please complete and file in medical notes.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1st/2nd /3rd Set | Vaccine Type*(6 in 1, Men B, Rotavirus etc.)* | Make & Batch Number*(Infanrix hexa, Bexsero etc.)* | *Dose* | Expiry Date | Date Given | Site*(Bexsero in* *Left Thigh)* | Name & Signature of vaccinator |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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