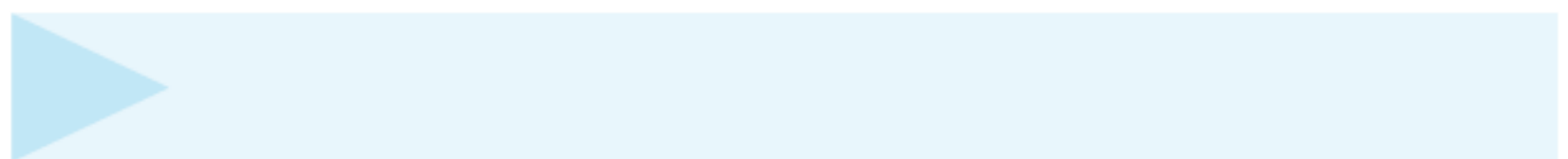




WELL CHILD TAMARIKI ORA



# My Health Book



You might like to  
stick photos of  
your child here





# My health book

Child's name:

Birth date:

Birth weight:

Time of birth:

Day of week:

Parents/caregivers:

---

---

---

Address(es):

---

---

---

Telephone:

Put your NHI sticker here

For important telephone numbers, see inside back cover.



# Contents

---

How to use this book 6

Symbol reference guide 7

---

## All about your child 8

Well Child Tamariki Ora programme 9

Immunisation 14

The Community Oral Health Service 25

Recording your child's development 28

Growth charts for all children 28

---

## Well Child Tamariki Ora assessments 40

Birth assessment 41

24–48 hours assessment 43

First week assessment 45

Transfer of care 49

2–6 weeks LMC final assessment 57

4–6 weeks assessment 61

8–10 weeks assessment 65

3–4 months assessment 71

5–7 months assessment 77

9–12 months assessment 83

15–18 months assessment 89

2–3 years assessment 95

B4 School Check 101

---

## Learning and growing 110

Your first 6 weeks together 111

Your time together from 6 weeks to 6 months 127

Your time together from 6 months to 12 months 137

Your child between 1 and 2 years 147

Your child between 2 and 3 years 155

Your child between 3 and 5 years 162

---

## Looking after yourself 170

Eating well 171

Sleep 172

Ask for help – and accept it 174

Relationships 175

---

## Partners are needed too 176

---

## Keeping your child healthy and safe 178

Protecting your baby from SUDI – make every sleep a safe sleep	179
Help your child to be healthy and strong – be smokefree, breastfeed and immunise	182
Choking, strangling, suffocating	182
Poisons	184
Burns, fires, scalds	185
Cuts	186
Falls	186
Road and car safety	187
Medicine use	190
Water safety	190
Sensible sun exposure	191
Allergies	193
Family violence and child abuse	194
Shaken baby	195
Infectious illnesses	196
Ear problems	198
If you're concerned about your child's speech or language	200
Skin infections and skin care	202
Eczema	204
Looking after your child's teeth	206
Safe drinking water	208
You can support a safe community for your child	209

---

## Emergencies – urgent action needed 210

Basic life support	211
First aid and CPR (rescue breathing and chest compressions)	212
CPR for babies under 1 year	213
CPR for children over 1 year	214
Injury	215
Unconsciousness	215
Choking (the child may not be able to make any noise)	216
Burns	218
Poisoning	218
Drowning	219
Meningitis – a serious infection	219
Pneumonia – when coughs and colds get serious	220
Asthma	220
Broken bones	221
Bad cuts	221
Diarrhoea and vomiting (upset tummies)	222
Fevers and fits	223

---

## Contacts and information 225

---

<b>Danger signs</b>	<b>Back cover</b>
Baby and child sickness	Back cover



Prayer for or greeting  
to your new baby





## Whakapapa family tree

You might like to draw your family tree here



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# How to use this book

Welcome, Kia ora koutou katoa, Tālofa lava, Kia orāna, Fakalofa lahi atu, Tāloha ni, Ni sa bula vinaka, Tālofa koutou, Mālō e lelei.

This book belongs to you and your child. The words 'you' and 'your' mean anyone who will love and care for this child – father, mother, partner, foster parent, grandparent, whānau, family, babysitter or childcare worker.

In it, you will find information as well as places to record your child's development in the first 5 years.

Keep it somewhere safe, and use it to write down all the special and important things that happen to your child.

When your child sees a doctor, nurse or other health professional, they will need to record your child's health and development information. Please take this book with you every time you take your child to a health appointment or hospital visit.

If the meaning of any page in this book is not clear, ask your Lead Maternity Carer, nurse or doctor to explain it.

Mehemea kāore ngā kōrero o tēnei pukapuka e marama ana, me pātai atu ki tētahi nēhi kia whakamāramatia.

Afai e i ai se faamatalaga o i so'o se itulau o lenei tusi e te le malamalama atoatoa i ai, ia fesili i se tasi, e pei o le tama'ita'i tausima'i, o le a mafai ona ia faamaninoina.

Me kare te aiteanga ki roto i teia puka e marama ana, e ui atu ki tetai tangata mei te neti, kia akamarama mai.

Kaeke kua fai he tau lau he tohi nei kua nakai maama e koe, ti hūhū atu ke he ha tagata tuga e nosi ke fakamaama atu e ia kia koe.

Kapau 'oku ta'e mahino ha me'a 'i he tohi ni, 'eke ki ha taha hange ko ha Neesi.

Kafai he fakamalamalama i tenei tuhi e he manino, fehili ki he tino ve ko te teine tauhi tauale ke fakamatala atili atu.



## Symbol reference guide

→ Related information page reference



A page for you to fill in



A page for your health provider to fill in



Further help or information



Tip box

---

# All about your child



# Well Child Tamariki Ora programme

You and your child have the right to use the free Well Child Tamariki Ora service. The three parts of the service will support you to ensure your child grows and develops to their full potential:

## 1 Health and development assessments

Providing reassurance that your child is developing normally, through growth and development assessments; and informing you about other services to keep your child healthy.

## 2 Care and support for families and whānau

Supporting and helping you and your family/whānau to identify your needs as you care for your child, and linking you with community and other services.

## 3 Health education

Supporting you to gain the knowledge and skills to respond to your child's needs at the different stages of their development.

Different health professionals will see you and your child at different times		When
Lead Maternity Carer A Lead Maternity Carer is usually a midwife, but may also be an obstetrician or a general practitioner with additional training in caring for pregnant women and babies.		Birth 24–48 hours First week
Transition of care from Lead Maternity Carer to Well Child provider During these weeks your care moves from the Lead Maternity Carer to a Well Child provider. Your Lead Maternity Carer provides you with a choice of Well Child providers in your area.	Lead Maternity Carer	2–6 weeks
	Well Child provider	4–6 weeks
General practitioner This assessment includes the 6-week immunisations, hip screening and vision check (as for the birth assessment).		6 weeks
Well Child provider A Well Child provider is usually a nurse who has additional training in supporting parents/caregivers to care for their babies and preschool children. The nurse may be employed by range of organisations including Plunket, a Māori Well Child Tamariki Ora provider, a Pacific Well Child Tamariki Ora provider, a general practice team, or a public health service. There may also be times when you and your baby will be seen by a general practitioner for a Well Child assessment.		8–10 weeks 3–4 months 5–7 months 9–12 months 15–18 months 2–3 years B4 School Check

➔ For the schedule of immunisations, see page 15.



## Health appointments

Well Child Tamariki Ora health assessments are timed to match with important stages in your child's life. More visits may be arranged if you and your child need additional care and support.


 Write appointment times here.

➔ Dental appointments can be listed on page 26.

Age of child	What happens at each appointment	Appointment	
		Date	
Birth–24 hours	➔ See page 41		
Within 48 hours	➔ See page 43		
First week	➔ See page 45		
2–6 weeks	➔ See page 57		
Lead Maternity Carer completes referral forms (➔ see pages 49–55) to Well Child provider, general practitioner and Community Oral Health Service			
4–6 weeks	➔ See page 61		
6 weeks	Immunisation, hip screening, vision check		
8–10 weeks	➔ See page 65		
3–4 months	➔ See page 71		
5–7 months	➔ See page 77		
9–12 months	➔ See page 83		
15–18 months	➔ See page 89		
2–3 years	➔ See page 95		
B4 School check	➔ See page 101		



Date	Reason/problem	Treatment/medicine

 This table is for your own notes about each visit.

Date	Allergies	Dr confirmed*

\*Have significant allergies or drug reactions been notified to the Medical Warning System?



## Vision and hearing screening record

Vision and hearing screening, part of the Well Child Tamariki Ora service, is designed to identify hearing problems at birth and specific vision and hearing problems at around 4 to 5 years and at 11 years. Your child will be offered hearing screening soon after birth, and vision and hearing screening as part of their B4 School Check and then at school when they are 11.



To be completed by vision hearing technician, nurse or doctor.

Age	Screen	Date	First test		Retest		Referred to
			Pass	Retest/ refer	Pass	Refer	
Birth– 1 month	Newborn hearing						
	Eye – red reflex						
B4 School check	Hearing screening						
	Vision screening						
On request							

# Immunisation

## Immunisation is your child's best protection

The World Health Organization, the New Zealand Ministry of Health and medical authorities all recommend that children be fully immunised. Immunisation helps protect against a number of serious diseases. The risks of these diseases are far greater than the very small risks of the immunisation.

If enough people are immunised against diseases, the diseases can't spread easily.

Immunisations are offered free to all children in New Zealand. There are seven immunisation visits for babies and children – at 6 weeks, 3 months, 5 months, 15 months, 4 years, 11 years and 12 years (girls only).

Immunisation is not compulsory, but it is a great way to protect your family. Whether or not you immunise your child, an immunisation certificate will be needed when you enrol your child at an early childhood centre, kōhanga reo or primary school (➔ [the Immunisation Certificate on page 22](#)).

If there is a disease outbreak, children who are not immunised may need to be excluded from early childhood centres, daycare or school for up to 2 weeks to prevent the spread of disease.

The immunisations protect against:

- diphtheria
- *Haemophilus influenzae* type b (Hib)
- hepatitis B
- human papillomavirus (HPV)
- measles
- mumps
- pertussis (whooping cough)
- pneumococcal disease
- polio
- rotavirus (gastroenteritis)
- rubella (German measles)
- tetanus.





# The National Immunisation Schedule



their best protection

Age	Disease to protect against	Vaccine
6 Weeks	Rotavirus (start first dose before 15 weeks)	<b>RotaTeq<sup>®</sup></b> (oral)
	Diphtheria + tetanus + whooping cough (pertussis) + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	<b>INFANRIX<sup>®</sup> hexa</b>
	Pneumococcal disease	<b>PREVENAR 13<sup>®</sup></b>
3 Months	Rotavirus	<b>RotaTeq<sup>®</sup></b> (oral)
	Diphtheria + tetanus + whooping cough + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	<b>INFANRIX<sup>®</sup> hexa</b>
	Pneumococcal disease	<b>PREVENAR 13<sup>®</sup></b>
5 Months	Rotavirus	<b>RotaTeq<sup>®</sup></b> (oral)
	Diphtheria + tetanus + whooping cough + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	<b>INFANRIX<sup>®</sup> hexa</b>
	Pneumococcal disease	<b>PREVENAR 13<sup>®</sup></b>
15 Months	<i>Haemophilus influenzae</i> type b (Hib)	<b>Act-HIB<sup>®</sup></b>
	Measles + mumps + rubella	<b>M-M-R<sup>®</sup> II</b>
	Pneumococcal disease	<b>PREVENAR 13<sup>®</sup></b>
4 Years	Diphtheria + tetanus + whooping cough + polio	<b>INFANRIX<sup>®</sup> IPV</b>
	Measles + mumps + rubella	<b>M-M-R<sup>®</sup> II</b>
11 Years	Tetanus + diphtheria + whooping cough	<b>BOOSTRIX<sup>®</sup></b>
12 Years	Human papillomavirus (HPV) ( <i>girls only</i> )	<b>GARDASIL<sup>®</sup></b> (3 doses over 6 months)
45 Years	Tetanus + diphtheria	<b>ADT<sup>®</sup> Booster</b>
65 Years	Tetanus + diphtheria	<b>ADT<sup>®</sup> Booster</b>
	Influenza	Given annually. Supplier varies



All the immunisations are given by injection except rotavirus, which is given by mouth (orally). There are one, two or three injections given at each visit. Hepatitis B vaccine and hepatitis B immunoglobulin antibodies are given at birth to babies of mothers who carry the hepatitis B virus. This is to ensure that their babies do not become infected with hepatitis B.

Some children with chronic health conditions may be offered additional vaccines against other diseases.

If your baby is at higher risk of tuberculosis (TB), they will be offered the BCG immunisation against TB.

The dates when your child's immunisations are due should be written on the appointments page (➔ [page 10](#)) by you, your Well Child provider, nurse or doctor. The first immunisations are due at 6 weeks of age. Immunisation starts at this age because it enables your child to start developing protection when they are most vulnerable, and it has been shown to be safe and effective. For best protection, babies and children need to be immunised on time, every time.

Early protection from the diseases we immunise against is important because the younger the child, the more serious the disease. If your child misses a vaccine at the right age, you can still catch up – you don't need to restart. However, the immunisation against rotavirus (gastroenteritis) has to be complete by the time a child is 8 months old, so if you are late your child will not be fully protected. Please talk to your doctor or nurse about catching up with any other vaccines.

Breastfeeding your baby while they are being immunised helps reduce the pain and will comfort them through the process.

Children need to wait at the clinic or surgery with their parents/caregivers for 20 minutes after a vaccine is given. This is to make sure that treatment is at hand if a severe reaction occurs. Such reactions are very rare and can be treated quickly and safely.

## Expected reactions

It is common for babies and young children to have mild reactions after immunisation. These reactions may last for up to 2 days. They can take the form of:

- irritability (tiredness and crying)
- mild fever
- a small lump where the injection was given.

 [Refer to Fevers – what to do, page 223.](#)



Some babies may have mild vomiting and diarrhoea for up to a week after receiving the rotavirus vaccine. There appears to be a very small risk of bowel blockage (intussusception) from the rotavirus vaccine in the first 7–10 days after the first dose, but this is rare and can be treated.

Sometimes a child may have a severe allergic reaction called anaphylaxis. Anaphylaxis is very rare (between 1 and 3 instances in every million vaccinations) and can cause dizziness, noisy breathing and a skin rash. Drugs can be given by your doctor or nurse to treat this reaction quickly and safely.

Your doctor will give you information about possible side effects from vaccines at the time of your child's vaccination.

### **What should you do if your child has a reaction?**

- Don't rub the injection site – this may make the reaction worse.
- Loosen your child's clothing if they are hot.

Give paracetamol or ibuprofen only if your nurse or doctor says to do so.

Giving babies and children paracetamol before and repeatedly after any immunisation just in case they feel unwell is not recommended. There is some evidence that paracetamol may reduce the immune response to some childhood vaccinations.

**If you are concerned about your child after a vaccine, contact your doctor or nurse or call Healthline (0800 611 116 at any time).**

**➔ See also the **Danger Signs for Baby and Child Sickness** on the back cover.**

**In an emergency, ring 111.**

## Diseases on the National Immunisation Schedule at preschool level

Disease	Description
Diphtheria	Diphtheria bacteria infect the throat. The toxin affects nerves and muscles involved in breathing and swallowing, and also affects the heart.
Hepatitis B	Hepatitis B is caused by a virus that attacks the liver and leads to fever, nausea, tiredness, dark urine and yellow skin (jaundice). Children with hepatitis B disease usually develop only a very mild illness, but they are more likely to become carriers of the disease. Carriers are at greater risk of liver disease and liver cancer later in life.
<i>Haemophilus influenzae</i> type b (Hib)	Hib is caused by bacteria. It most often leads to ear infections and pneumonia but can cause meningitis (an infection of the membrane around the brain), or infection and swelling in the throat that blocks the entrance to the windpipe.
Measles	The measles virus causes fever, a rash, runny nose, cough and eye infection. It can lead to fits, pneumonia and inflammation of the brain. This inflammation can cause brain damage or death.
Mumps	The mumps virus causes fever, headache and swelling of the glands around the face, and in boys can cause inflammation of the testicles. Mumps may cause meningitis but children usually recover fully. Very rarely, mumps can cause an inflammation of the brain that can lead to deafness or death.
Pertussis (whooping cough)	Whooping cough is caused by bacteria that damage the lungs and airways. This leads to coughing spells so strong that it is hard to breathe, and babies may vomit. Children often gasp for air and some make a 'whooping' sound. Whooping cough may lead to pneumonia.
Pneumococcal disease	<p>Pneumococcal disease is caused by bacteria that may cause illnesses ranging from relatively minor to very serious. These can be sinusitis and ear infections, or the more serious illnesses pneumonia, meningitis and septicaemia (blood infection).</p> <p>The bacteria are carried in the throat, often without causing disease, and are spread through the air during coughing and sneezing.</p> <p>Serious infection is more common in infants and young children under the age of 5, and children and adults of any age who have certain ongoing medical conditions.</p>



<b>Polio</b>	Polio is caused by a virus and can be either a mild or very serious illness. The mild illness causes fever, nausea and vomiting. The serious illness causes a fever and stiffening in the muscles. It can also affect the nerves and paralyse different parts of the body, including the breathing and swallowing muscles. Paralysis is usually permanent.
<b>Rotavirus (gastroenteritis)</b>	<p>Rotavirus is a common disease that almost all babies and children catch before they are 5 years old. Most infections occur in the first 2 years of life.</p> <p>Rotavirus is caused by a virus and is very contagious (easy to catch). It causes vomiting and diarrhoea, and can lead to serious dehydration (lack of fluids) and in some cases death. The illness lasts from 3 to 8 days.</p> <p>The virus is spread by contact with the stools (poos, tūtae) of an infected baby or child. This can happen if people don't wash their hands properly after going to the toilet or changing nappies.</p>
<b>Rubella (German measles)</b>	In children, rubella is usually a mild viral illness with a rash, but in teenagers and adults it causes swollen glands, joint pain and a rash. If a pregnant woman catches rubella, especially early in her pregnancy, it is very likely that the disease will affect her baby and cause one or more serious problems, including deafness, blindness, heart defects and brain damage.
<b>Tetanus</b>	Tetanus bacteria produce toxins that attack the nerves and make muscles tense and stiff. When the toxins attack the breathing muscles, people find it hard to breathe.

Your child's immunisations will be recorded on the National Immunisation Register (NIR). You can choose not to have your child's immunisation visible on the NIR but you will need to complete and sign an opt-off form. Ask your Lead Maternity Carer, doctor, practice nurse, Plunket nurse or Well Child provider if you want to know more about the NIR.

➔ For more information about these diseases see **Infectious Illnesses** on page 196.

## Making a decision about immunisation

Before you decide whether or not to immunise your child, it is important that you have the information you need to make the best decision for your child.

### To find out more about immunisation:

- Talk to your Lead Maternity Carer, doctor, practice nurse, Plunket nurse or Well Child provider or call Plunketline (0800 933 922).
- Order the free booklet *Childhood Immunisation* (code HE1323) or *Immunise Your Children* (code HE1327) from [www.healthed.govt.nz](http://www.healthed.govt.nz) (on the home page type the code in the Search box) or collect from your health care provider.
- Ministry of Health: [www.health.govt.nz/immunisation](http://www.health.govt.nz/immunisation)
- Immunisation Advisory Centre (IMAC): [www.immune.org.nz](http://www.immune.org.nz) or freephone 0800 IMMUNE, 0800 466 863.

# Immunisation record (to be completed by nurse/doctor)

Age	Vaccine	Batch	Site	Date given	Sign/stamp	Note
Birth	BCG*					
	Hep B**					
	HBIG**					
6 weeks	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
3 months	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
5 months	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
15 months	Hib					
	MMR					
	PCV13					
4 years	DTaP-IPV					
	MMR					

\* Children at higher risk of TB should be offered BCG.

\*\* Babies of hepatitis B carrier mothers need HBIG and hepatitis B vaccine at birth.

BCG Bacillus Calmette-Guérin.

DTaP-IPV Diphtheria-Tetanus-acellular Pertussis-inactivated Polio vaccine.

DTaP-IPV-  
Hep B/Hib Diphtheria-Tetanus-acellular Pertussis-inactivated Polio-Hepatitis B/  
*Haemophilus influenzae* type b vaccine.

HBIG Hepatitis B immunoglobulin.

Hep B Hepatitis B vaccine.

Hib *Haemophilus influenzae* type b vaccine.

MMR Measles-Mumps-Rubella vaccine.

PCV13 Pneumococcal vaccine.



# Immunisation Certificate

This certificate is required by the Health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kōhanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) **or** record as 'not fully immunised.'

**1** Fully immunised to 15 months  Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Pneumococcal <input type="checkbox"/>
Diphtheria <input type="checkbox"/>	Hib <input type="checkbox"/>	Measles <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>	Mumps <input type="checkbox"/>
	Polio <input type="checkbox"/>	Rubella <input type="checkbox"/>

## Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date  /  /

Practice Stamp, or name and address of vaccinator

**2** Fully immunised to 5 years  Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Pneumococcal <input type="checkbox"/>
Diphtheria <input type="checkbox"/>	Hib <input type="checkbox"/>	Measles <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>	Mumps <input type="checkbox"/>
	Polio <input type="checkbox"/>	Rubella <input type="checkbox"/>

## Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date  /  /

Practice Stamp, or name and address of vaccinator

## The Immunisation Certificate

Children need an immunisation certificate to show if they are fully immunised or not. The nurse/doctor will sign the certificate when giving the 15 month immunisations and again after the immunisations prior to school entry. If you choose against immunisation the certificate can be signed by the nurse/doctor at any time.

When your child starts at an early childhood centre, kōhanga reo or primary school you will be asked to show the certificate. The information, which you can check, will be recorded in a register.

The Medical Officer of Health can check the register. If there is a threat of disease in your area, children not immunised may be asked to stay at home until after the disease has gone, to help stop it spreading.

The purpose of the certificate is to safeguard the health of New Zealand children.

## Tiwhikete Ārainga Mate

Me tino whiwhi tiwhikete ārainga mate ngā tamariki hei whakaatu mehemea kua tino whiwhi rātou ki te ārainga mate, kāore rānei. Mā te nēhi, mā te rata rānei e haina te tiwhikete i te wā e hoatu ana ia i ngā ārainga mate i te ekenga o te kōhungahunga ki te 15 marama te pakeke, i mua hoki i te haerenga ōna ki te kura. Mehemea kāore koe e whakaae ki te kaupapa ārainga mate, kāti ka taea e te nēhi, te rata rānei te haina te tiwhikete ahakoa he aha te wā.

Ka tīmata ana tō tamaiti i tētahi pokapū kōhungahunga, i tētahi kōhanga reo, i tētahi kura tuatahi rānei, me whakaatu e koe te tiwhikete ārainga mate, ā, ka tuhia tēnei whakaaturanga ki roto i te rēhita. Ka whai huarahi koe ki te titiro ki ngā whakaaturanga e pā ana ki tō tamaiti.

Ka taea e te Āpiha Hauora te tiroiro te rēhita. Mehemea ka puta tētahi whakatūpato, arā, he tino mate kua heipū i roto i tō rohe, tērā pea ka whakahautia ngā tamariki kāore anō kia mahia kia noho ki te kāinga kia ngaro rawa taua mate, arā, hei aukati i te āhua o te hora haere o taua mate.

Ko te tikanga o te tiwhikete nei, arā, hei tiaki i te hauora o ngā tamariki o Aotearoa.



your best protection

## Other preschool immunisations



To be completed by your doctor or nurse.

Name of child:

Vaccine	Batch	Site	Date given	Sign/stamp	Notes



# Immunisation Certificate

This certificate is required by the Health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kōhanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) **or** record as 'not fully immunised.'

**1** Fully immunised to 15 months  Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Pneumococcal <input type="checkbox"/>
Diphtheria <input type="checkbox"/>	Hib <input type="checkbox"/>	Measles <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>	Mumps <input type="checkbox"/>
	Polio <input type="checkbox"/>	Rubella <input type="checkbox"/>

## Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date  /  /

Practice Stamp, or name and address of vaccinator

**2** Fully immunised to 5 years  Not fully immunised

If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="checkbox"/>	Pertussis <input type="checkbox"/>	Pneumococcal <input type="checkbox"/>
Diphtheria <input type="checkbox"/>	Hib <input type="checkbox"/>	Measles <input type="checkbox"/>
Tetanus <input type="checkbox"/>	Hepatitis B <input type="checkbox"/>	Mumps <input type="checkbox"/>
	Polio <input type="checkbox"/>	Rubella <input type="checkbox"/>

## Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date  /  /

Practice Stamp, or name and address of vaccinator