

## Unscheduled Immunisation Record Form

**Patient details** (Affix patient label here)

NHS number:  
First name(s):  
Surname:  
Date of birth:  
Address:

M/F/other

**GP/ treatment centre details** (Affix label here)

Name:  
Address:

Surgery code:

The child/ individual named is due the selected vaccination(s).

Parent/ guardian/ individuals signature:

Date .....

Immunisation	Tick	Batch number	Immunisation	Tick	Batch number	Immunisation	Tick	Batch number
<b>First primary</b>			<b>From 1-year immunisations</b>			<b>HPV</b>		
DTaP/IPV/Hib/Hep B			Hib/Men C			HPV		
Men B (1 <sup>st</sup> )			PCV Booster					
Rotavirus (1 <sup>st</sup> )			MMR (1 <sup>st</sup> )			<b>Other immunisations (as indicated/required)</b>		
<b>Second primary</b>			<b>Preschool booster</b>			<b>Immunisation</b>		<b>Batch number</b>
DTaP/IPV/Hib/Hep B			<b>Preschool booster</b>			Fluenz® Tetra		
Rotavirus (2 <sup>nd</sup> )			DTaP/IPV					
Pneumococcal (PCV)			MMR (2 <sup>nd</sup> )					
<b>Third primary</b>			<b>Teenage immunisations</b>					
DTaP/IPV/Hib/Hep B			Td/IPV					
Men B (2 <sup>nd</sup> )			MenACWY					

Name of immuniser (print):..... Signature:.....Date vaccination given:.....