



CEE



The Planet Discovery Centre

In alliance with the North American Association for Environmental Education, USA

MEDICAL RECORD FORM

Name of the Child:
 (MiddleName) (Surname)

Class: Nursery School Junior School Year:

Medical Ailment Child if any:

Major illness in the Past if any:

Allergies if any:

Vaccinations Taken:

S.No	Vaccine	Prevents	Date	Date	Date	Date	Date
1	BCG	TB & bladder cancer					
2	HepB	Hepatitis B					
3	Poliovirus	Polio					
4	DTP	Diphtheria, Tetanus & Pertussis					
5	Hib	Infections caused by Bacteria					
6	PCV	Pneumonia					
7	RV	Severe Diarrheal Disease					
8	Typhoid	Typhoid Fever, Diarrhea					
9	MMR	Measles, Mumps & Rubella					
10	Varicella	Chickenpox					
11	HepA	Liver disease					
12	Tdap	Diphtheria, Tetanus & Pertussis					

Child's Doctor (Attended):

Address:

.....Tel: