organ	e of the Mini nisation under gs	hich th	e healtho	are inst			MEDICAL RECORDS								
	e and location					- ose	Primary records form No. 063/o								
	nsible perso						APPROVED								
						_	AFFROVED								
ED	RPOU ident code	ification					The Order of MoH of Ukraine 1 0 0 1 2 0 0 6 № 1								
	CARD OF VACCINATION														
Reg	gistered	L	(day,	of filling (day, month, year)											
Name of children's institution (for organised children)Precinct number															
1. Full name															
	2. Date of birth 3. Sex: male – 1, female – 2														
4. Po	stal address	s of resid	lence: reg	ion:									, district,		
loc	cality										street				
blo	d. No				, 1	olock N	o	, ap	t. No						
5. Li	ves in: city	– 1, villa	age – 2												
No	otes on addı	ress char	nge												
6 Vo	ccination as	rainet tu	horoulosis												
	Type of	Age	Date		Dose	Series	- [1	Reaction t	o vacci	nation	Med	lical contr	aindications		
	ccination	118							ocal)		1,100	(date, reason)			
Vacci	ination							·	•				·		
Re-va	accination														
5 D	1. 1.4.														
7. Poliomyelitis vaccination															
	Vaccı	nation						Re-vacc	ınatıon				Medical contraindications		
Age Date		Dose	Series	Series Age		Do	se	Series	Age Date		Dose	Series	(date, reason)		
8. Va	ccination as	gainst di	ı phtheria. r	l pertuss	is, tetanı	IS		Ĺ	<u> </u>	<u> </u>			<u> </u>		
8. Vaccination against diphtheria, pertussis, tetanus Type of Name of Age Date Dose Series Reaction to vaccination Medical													Medical		
vaccination		vaccine								gene	ral loc	cal	contraindications (date, reason)		
Vaccination						+				3-2-6	-50		(uate, reason)		
, accination							-								
Re-v	accination														

9. N	Ieasle	es vaco	cination															
Age Date		Date	Dose			Series		Reac	tion to	o vaccination				Medical contraindications				
	_							general			local				(date	e, reason)		
	<u> </u>																	
10. N	Mump	os vac	cination	l														
Age		Date	D	ose		Series		Reaction to vaccination					Medical contraindications					
	5						general			local					(date	e, reason)		
								+										
11.	Rube	lla vac	ccinatio	n														
Age	Age Date		nte Dose		Series					to vaccination			Medical contraindication				ations	
							٤	general			local			(date, reason)				
12. I	Iepat	itis B	vaccina	tion														
Type of			Name of Age		Age	Date		Dose					tion to vaccination			Medical contraindications		
vaccination			vaccine									general le		loc	al		(date, reason)	
Vaccination		on																
13. (Other	vacci	nations	1					1									
Type of			Name of		Age Dat		te Dose		e	Series Rea			Reaction to vaccination			Medical		
vaccination			vaccine									general		local		contraindications (date, reason)		
14.	Tube	rculin	skin tes	sts														
Age Date Dose		Corries	Series Result		Age Date		Dose Ser		ries Result		Age D		Date Dose		Corrigo	Result		
Age	Date	te Dose Series Resu		Age D		Date	Dose Se		ries		Age D		ite	Dose	Series	Result		
De-listed from registration (date)ReasonSignature																		
regi	stratio	n. In o		leavir	ng the	city or		medical- a certific						ould	be			