

[illegible]

9. Measles vaccination						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

10. Mumps vaccination						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

11. Rubella vaccination						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

12. Hepatitis B vaccination								
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	
Vaccination								

13. Other vaccinations								
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	

14. Tuberculin skin tests														
Age	Date	Dose	Series	Result	Age	Date	Dose	Series	Result	Age	Date	Dose	Series	Result

De-listed from registration (date)_____Reason_____Signature _____

To fill out in medical-preventive institution or paramedical-obstetric station during child's registration. In case of a leaving the city or region, a certificate of vaccinations of child should be issued. The card remains in the institution.