

Does your child take any regular medication? _____

If yes, please give details _____

Has your child ever been hospitalised or undergone surgery? _____

If yes, please give details _____

Has your child received any recent medical treatment? _____

If yes, please give details _____

Has your child ever suffered from any of the following?

Illness	Yes	No	Date	Illness	Yes	No	Date
Chicken Pox				Pneumonia			
Diphtheria				Tonsillitis			
Dysentery				Rheumatic Fever			
Fainting Illness				Rubella			
Food and Mouth				Scarlet Fever			
Hepatitis				Strep Throat			
Measles				Swine Flu (H1N1)			
Mumps				Tuberculosis			
Polio				Whooping Cough			
Others:				Others:			

VACCINATION FORM

Has your child received the following vaccinations? Please tick (to indicate no) the box, as appropriate.

Tuberculosis (BCG)	Birth				
Hepatitis B	Birth	2 mth	6 mth		
DTAP, DT	2 mth	4 mth	6 mth	18 mth	3-5 yrs
HIB	2 mth	4 mth	6 mth	18 mth	
Polio (IPV)	2 mth	4 mth	6 mth	18 mth	3-5 yrs
Pneumococcal (PCV)	2 mth	4 mth	6 mth	18 mth	
MMR			12 mth		3-5 yrs
Varicella			12 mth		3-5 yrs
Hepatitis A			12-18 mth	18-24 mth	
Meningococcus					
Flu					

I hereby confirm that all the above medical information is correct and accurate, to the best of my knowledge. I agree to provide The Wonder Year Nursery with any changes to this information as and when I become aware of them. I have attached my child's most up-to-date immunization records, as requested.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____