

BCG Vaccination reporting sheet



BCG Vaccination Record

Clinic	Govanhill	PRM	Woodside	Other
Category	At Risk Baby	At Risk Child	Contact	Other

Surname		Forename	
DOB/CHI	<input type="text"/>	Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Address			
City	Postcode	<input type="text"/>	<input type="text"/>

GP Details

GP Name	Prac Code	<input type="text"/>	<input type="text"/>
Address			
City	Postcode	<input type="text"/>	<input type="text"/>

Mantoux Test 2TU/0.1mls PPD

Mantoux Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Batch No	<input type="text"/>	Exp Date	<input type="text"/>
Dose	<input type="text"/>	mls	Date Read <input type="text"/>
Result	<input type="text"/>	mm	
Signature			
Print Name			

BCG Vaccination

BCG Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Batch No	<input type="text"/>	Exp Date	<input type="text"/>
Diluent Batch No	<input type="text"/>	Diluent	Exp Date
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dose	<input type="text"/>	mls	Site (R) arm/leg (L) arm/leg
Signature			
Print Name			

white copy = GP, blue copy = health visitor, yellow copy = PIPU Dalian House