Royal Devon and Exeter NHS Foundation Trust NOTIFICATION OF CHILD MOVING INTO THE AREA

THIS FORM SHOULD BE USED BY HEALTH VISITORS WHEN THEY VISIT A CHILD WHO HAS MOVED INTO THEIR LOCALITY FROM ANOTHER DISTRICT

To be sent to:

Child Health Department

Newcourt House
Old Rydon Lane
EXETER EX2 7JU

Tel: 01392 449821

* Delete as necessary

(PLEASE)	USE BLOCK CAPITALS)
Child's Sumame	Date of Birth
Forenames	Male / Female
Present Address	Previous Address

Postcode	······································
Mother's Data of Dill	Please answer each of the following:
Mother's Date of Birth	Parent Held Record already exists? Y / N
No. of Previous Live Births	Health Visitor's Index Card required?
Child's Birth Weight (grams)	Is the Child the * First / Second of Twins?
PROTECTION	ON AGAINST DISEASE
	e, at the appropriate times, protection using the following
* DIPHTHERIA - WHOOPING COUGH - TETANUS - * Delete any not required	POLIOMYELITIS - MEASLES MUMPS RUBELLA - Hib - Men'C
NOTE: You can reconsider your decision at any time,	and you may wish to seek the advice of your doctor.
	Date
I intend to take my child for Vaccination and Immunisa	
Treatment Centre	(Doctor's Surrey)
I intend to take my child for Pre-school Development E	
	(Doctor's Surgery or Health Service Clinic)
Date of Treatment	Date of Treatment
Triple + Polio + Hib 1	
Triple + Polio + Hib 2	
Triple + Polio + Hib 3	Diph / Tet + Polio 3
Pre-school Diph / Tet / Polio / MMR 2	Meningitis 'C' 1
Measies	Meningitis 'C' 2
MMR (first)	Meningitis 'C' 3
Others	
Please indicate below whether the treatment was given	
a) before arrival in this District; (b) by GP named abov	•
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