



VACCINATION STATUS-CONFIRMED MENINGOCOCCAL SEROGROUP C DISEASE

Responsible Centre: Centre for Infections, Health Protection Agency
Immunisation Department, 61 Colindale Avenue, London NW9 5EQ
Tel: 020 8327 7570 Fax: 020 8327 7404

Patient Details

Surname: Forename:

ZMM/ Ref lab no.: D.O.B.:/...../.....

Date of Admission:/...../.....

PART A: Vaccination History

GP name and address
.....
.....

GPcontact no (tel/fax)

Currently alive : YES/NO/NK

Did patient receive *Meningitec*, *Menjugate* or *Neissvac* (Meningococcal C conjugate vaccine) **before onset** of disease?

Yes No Not known

	Batch no	Manufacturer
1st dose:/...../.....
2nd dose:/...../.....
3rd dose:/...../.....
4th dose:/...../.....

DTP/HIB

	Batch no	Manufacturer
1st dose:/...../.....
2nd dose:/...../.....
3rd dose:/...../.....

Other information *Birth Weight* *Gestational age*

Completed by: Contact No: Date:/...../.....

Please return with enclosed pre-paid label or fax to Gerrie Forde on the above number.