

MOTHER & CHILD HEALTH NURSE RECORD FORM
FOR REFUGEE CHILD – 0-18 YEARS OF AGE

(to be completed in block letters)

NAME:

Place of birth: country municipality

Date of birth: year month day

Mother's name:

Father's name:

Residence in Hungary: municipality

..... postcode street house number/..... floor/door

Institution:

Staying in Hungary with a legal representative: yes no

Name of legal representative, (telephone) contact details:

If staying in Hungary with a non-legal representative, name of representative/guardian:

Contact details of the representative/guardian (telephone):

CHILD'S STATE OF HEALTH:

Acute ailments, symptoms:

.....

Chronic diseases, allergies:

.....

Medication taken regularly:

.....

Medication taken regularly available: yes no

Communicable diseases survived:

.....

.....

Accidents, operations:.....

.....

Referral to a doctor: necessary not necessary

Name of general practitioner/ paediatrician:

telephone contact details:

VACCINATIONS RECEIVED:

(if the vaccination record is available, it must be filled in accurately, otherwise the information provided by the relative must be filled in). Particular attention should be paid to the presence of vaccination against measles.)

VACCINATION	date:	date:	date:	date:	date:	date:
BCG:						
Di-Per-Te:						
Hib:						
IPV vagy OPV:						
Pneumococcus:						
Morbilli:						
Rubeola						
Mumps:						
Meningococcus B						
Meningococcus C.						
Rotavirus enteritis						
Varicella:						
Hepatitis A:						
Hepatitis B:						
Covid vaccine against						

For children under 2 years, the circumstances of pregnancy and birth:

The period of pregnancy: weeks; course of pregnancy:,
mode of delivery:
Birth weight:g,

Other (malformation, birth injury, respiratory support, feeding difficulties, etc.):

.....
.....
.....

Childcare allowance:

.....
.....

Contact made:

general paediatrician:.....

child welfare centre:

public guardianship office:

non-governmental/charitable, church aid organisation:

.....

Date:

Name of M/C health nurse: signature:

basic registration number: place of stamp: