

**MINISTRY OF HEALTH OF UKRAINE****FORM NO. 063/0**2 11 /illegibly/  
Organization name

Registered on

Name of the child care institution (for organized children)

1. Surname, first name, patronymic

2. Date of birth

1 9 0 1 0 5

4. Place of residence: settlement

, bldg. No. 9, corp. No. \_\_, apt. No. 259

Region

District

/Stamp: Ukraine, Municipal Non-commercial Enterprise of Obukhiv City Council, Center for primary medical and sanitary aid of Obukhiv City Council, Obukhiv outpatient clinic for general practice of family medicine No. 2 08700, Kyiv region, Obukhiv city, 52 Kashtanova Street

Notes on change of address

86 00

**Tuberculosis**

Type of vaccines	Age	Date	Doses	Lot #	Vaccine Reaction (local)	Medical contraindications (Date, reason)
Vaccination		06.02.05	0,05	L 18	5 mm	
Revaccination						

**Poliomyelitis**

Vaccination			Revaccination					
Age	Date	Lot #	Age	Date	Lot #	Age	Date	Lot #
	11.08.05	2 k L 5497		29.03.06	L 718			
	20.09.05	4 k 711		16.05.11	4 p L 817			
	21.10.05	L 711	14 yrs.	09.10.19	AOP4A623AA			

**Diphtheria, Pertussis, Tetanus**

Type of vaccines	Age	Date	Doses	Lot #	Vaccine	Vaccine Reaction		Medical contraindications (Date, reason)
						general	local	
Vaccination		11.08.05	0,5	L 52-7				
		20.09.05	0,5	L 53-7				
		21.10.05	0,5	L 53-7				
Revaccination		29.12.06	0,5	L 73-1				
		16.05.11	0,5	L 88-3	Rv			
	17 yrs.	01.09.22	0,5	222600680B	ADPM	10.23	individual	

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/Round seal: Doctor /illegibly/ Oksana Volodymyrivna, Ukraine

True copy of the original /Signed/

Measles, Mumps, and Rubella (MMR)								
Age	Date	Doses	Lot #	Vaccine		Vaccine Reactions		Medical contraindications (Date, reason)
						general	local	
	20.01.06	0,5	L B354A1KPK					
	17.01.18	0,5	/illegibly/ 353 AA					
<b>Hepatitis B</b>								
Type of vaccines	Age	Date	Doses	Lot #	Vaccine	Vaccine reactions		Medical contraindications (Date, reason)
						general	local	
Vaccination		07.07.05	0,5	L 0405				
		11.08.05	0,5	L 40304				
		07.02.06	0,5	L 50031/2				
<b>Other infections</b>								
Type of vaccines	Age	Date	Doses	Lot #	Vaccine	Vaccine reactions		Medical contraindications (Date, reason)
						general	local	
		06.04.07	0,5	L A0296 1	HIB			
<b>Tuberculin skin tests</b>								
Date	Lot #	Result	Date	Lot #	Result	Date	Lot #	Result
10.07.06		13 mm						
27.08.07	L 14/2	10 mm						
22.09.09	14/12	+ 10mm						
27.11.12	14/300037	+ 14 mm						
22.12.15	14/30007	15 mm						
Removed from the register (Date) _____ Reason _____ Signature _____								
Card to be filled in at a children's medical and preventive institution or a paramedic-midwifery station when registering a child. If the child leaves the city or district, a vaccination certificate is issued. The card remains in the institution. At the age of 15, the card is transferred to the registry office of the polyclinic that serves adults.								

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