

SCHEDA SANITARIA PER MINORI - SANITARY CARD FOR MINORS

cognome-surname	nome-first name
Luogo e data di nascita – place and date of birth	nazionalità – nationality
Residenza, indirizzo, telefono – domicile, complete address, phone	
Medico curante – doctor in charge	Codice Fiscale: AUSL

VACCINAZIONI - MALATTIE PREGRESSE
V A C C I N A T I O N S - P R E V I O U S D I S E A S E S

Morbillo Measles	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Parotite Mumps	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Rosolia Rubella	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Pertosse Whooping-cough	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Varicella Varicella	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Tetano Tetanus	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			
Epatite B Hepatitis B	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
Meningococco C Meningococcal C	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			

ALLERGIE – ALLERGIES

	specificare - specify
Farmaci - Drugs	
Pollini - Pollens	
Polveri - Dusts	
Muffe - Moulds	
Punture di insetti - Insect stings	

Intolleranze alimentari – Food intolerances: _____

Altro - Other diseases: _____

Documentazione allegata inerente patologie e terapie in atto – Included papers concerning diseases and therapies in progress:

Data - date

Firma di chi esercita la potestà parentale
Signature of the person exercising parental authority