

SCHEMA 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 ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Parotite Mumps	Vaccinato-vaccinated	Si-Yes ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Rosolia Rubella	Vaccinato-vaccinated	Si-Yes ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Pertosse Whooping-cough	Vaccinato-vaccinated	Si-Yes ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Varicella Varicella	Vaccinato-vaccinated	Si-Yes ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Tetano Tetanus	Vaccinato-vaccinated	Si-Yes ☐ No ☐		
Epatite B Hepatitis B	Vaccinato-vaccinated	Si-Yes ☐ No ☐	Malattia pregressa - Previous disease	Si-Yes ☐ No ☐
Meningococco C Meningococcal C	Vaccinato-vaccinated	Si-Yes ☐ No ☐		

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