**Information sharing (section 2 continued)**

If you have completed section 2, question 19, please let us know if you would like to give consent to the named people to have access to your records by completing the table(s) below. Nominating an emergency contact is for our internal records only.

|  |
| --- |
| **Emergency contact**  |
| Name of emergency contact *(question 19)* | Yes, I give consent to share  |  |
|  | No, I do not give consent to share |  |
| **Your signature**  |  | **Date** |  |

**Military (section 4 continued)**

If you have answered “yes” to section 4, question 4 - please complete the following to help us locate your records.

|  |  |  |  |
| --- | --- | --- | --- |
| Enlistment date |  | Discharge date |  |

**Immunisations (for children under 5 only)**

Please tick any immunisations your child has had and give dates where possible.

|  |  |  |
| --- | --- | --- |
| **Immunisation** | **Tick if had** | **Date given** |
| BCG |  |  |
| Hib |  |  |
| Measles |  |  |
| Meningitis  |  |  |
| MMR |  |  |
| Polio |  |  |
| Tetanus |  |  |
| Whooping cough |  |  |
| Diphtheria (booster) |  |  |
| MMR (booster) |  |  |
| Polio (booster) |  |  |
| Tetanus (booster) |  |  |