**Information sharing (section 2 continued)**

If you have completed section 2, questions 19 and 22, 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 or next of kin 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** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Next of kin** | | | | |
| Name of next of kin *(question 22)* | | 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) |  |  |