

**QUCK REFERENCE FOR MEDICAL REGISTRATION**

PURPLE FORM AND ESSENTIAL INFORMATION TO NURSE

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PLACED ONTO NEXT CLINIC FOR INITIAL HEALTH CHECK

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IMMUNISATION CONSENT FORM COMLETED

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CLINIC HEALTH CHECK

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IMMUNISATION CLINIC – 1ST IMMUNISATIONS

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4 WEEKS LATER – 2ND IMMUNISATIONS

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4 WEEKS LATER – 3RD IMMUNISATIONS

**1st Immunisations are;**

1st Diphtheria / Tetanus / Polio

1st Measles / Mumps / Rubella

Meningitis ACWY

**2nd Immunisations are;**

2nd Diphtheria / Tetanus / Polio

2nd Measles / Mumps / Rubella

**3rd Immunisations**

3rd Diphtheria / Tetanus / Polio