

## Unscheduled Immunisation Record Form

This form is applicable from 1 July 2025 to 31 Dec 2025.

**Patient details** (Affix patient label here)

NHS number:  
First name(s):  
Surname:  
Date of birth:  
Address:

**GP/ treatment centre details** (Affix label here)

Name:  
Address:  
Surgery code:

**The child named is due the selected vaccination(s)**

Parent/ guardian/ individuals signature:

Date:

Immunisation	Tick	Batch number	Immunisation	Tick	Batch number	Immunisation	Tick	Batch number
<b>First primary</b>			<b>12-13 months</b>			<b>Teenage immunisations</b>		
DTaP/IPV/Hib/Hep B (1 <sup>st</sup> )			Men B (3 <sup>rd</sup> )			HPV		
Men B (1 <sup>st</sup> )			Pneumococcal (PCV) (2 <sup>nd</sup> )			MenACWY		
Rotavirus (1 <sup>st</sup> )			MMR1 (1 <sup>st</sup> )			Td/IPV		
			DTaP/IPV/Hib/Hep B (4 <sup>th</sup> ) (From 1 July 2025 only for babies born on or before 30 June 2024)					
<b>Second primary</b>			<b>Preschool booster</b>			<b>Other (as indicated/required)</b>		
DTaP/IPV/Hib/Hep B (2 <sup>nd</sup> )			DTaP/IPV			Flu		
Men B (2 <sup>nd</sup> )			MMR2 (2 <sup>nd</sup> )					
Rotavirus (2 <sup>nd</sup> )								
<b>Third primary</b>			<b>For information about changes to the routine childhood immunisation schedule in 2025 and 2026 see:</b>					
DTaP/IPV/Hib/Hep B (3 <sup>rd</sup> )								
Pneumococcal (PCV) (1 <sup>st</sup> )								

Name of immuniser (print):

Signature:

Date vaccination given: