

SCHEDA SANITARIA PER MINORI - SANITARY CARD FOR MINORS

<i>cognome-surname</i>	<i>nome-first name</i>
<i>Luogo e data di nascita – place and date of birth</i>	<i>nazionalità – nationality</i>
<i>Residenza, indirizzo, telefono – domicile, complete address, phone</i>	
<i>Medico curante – doctor in charge</i>	<i>libretto sanitario n. AUSL</i>

MALATTIE PREGRESSE – PREVIOUS DISEASES

Difterite <i>diphtheria</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>			
Tetano <i>tetanus</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>			
Poliomelite <i>poliomyelitis</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>			
Epatite B <i>hepatitis B</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Pertosse <i>pertussis</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Emofilo B <i>haemophilus b</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Morbillo <i>measles</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Parotite <i>mumps</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Rosolia <i>rubella</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Varicella <i>varicella</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Pneumococco <i>pneumococcal</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>
Meningococco C <i>meningococcal C</i>	Vaccinato <i>vaccinated</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>	malattia progressa <i>previous disease</i>	si <i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>

ALLERGIE – ALLERGIES

	<i>specificare - specify</i>
<i>Farmaci drugs</i>	
<i>Pollini pollens</i>	
<i>Polveri dusts</i>	
<i>Muffe moulds</i>	
<i>Punture di insetti insect stings</i>	
<i>Alimenti foods</i>	

Altro-other diseases : _____

documentazione allegata inerente patologie e terapie in atto – included papers concerning diseases and therapies in progress: _____

intolleranze alimentari – food intolerances: _____

Data - date

Firma di chi esercita la potestà parentale
Signature of the person exercising parental authority