BRADFORD STUDENT HEALTH SERVICE GMS1 MEDICAL REGISTRATION Please complete in CAPITAL LETTERS and tick ☑ where relevant

NHS number:		Title: Mr Mrs Miss Ms						
First names:	•							
Family name (surname):								
Date of birth:DayMo	Year	Sex: M	x: Male Female					
Birthplace (Town for UK, Country for International):								
Mobile telephone number:								
E-mail:								
Ethnic White India Group: Asian Mixe			inese kistani		Caribbean Other			
International students/families: If this first time you are registering with a do please complete the dates on the right:	Date you first came to live in UK: Date you expect to leave the UK:							
To help us find your previous medical Your previous address in the UK:	Address of previous doctor:							
Bradford address (room / flat / house number):								
Halls / Street name:								
Postcode: BD	Hou	House telephone: 01274						
Signature on behalf of patient:		Date:						
Organ donor registration (optional).								
Signature confirming consent to donation:				Dat	e:			

REGISTERING A CHILD AGED 6 YEARS OR LESS

Please complete this form and return it to Reception in order to register your child

1. Any problems with the particular land in the particular land land in the particular land										
2. Any problems with the b										
□No □Yes: please specify:										
3. Does the child have any medical problems? No Yes: please specify:										
4. Is there any relevant family history of medical conditions that may affect the child? No Yes: please specify:										
5. Vaccine history: please tick the vaccines your child has received. The usual times may										
vary from your home country so please add the date given if you know it										
	Age of child when vaccinated (based on UK guidelines) 8 12 16 12 13 3 to 5									
	weeks	weeks	weeks	months	months	years				
Diphtheria										
Polio										
Tetanus										
Pertussis										
HIB										
Pneumococcal vaccine										
Meningitis C										
MMR (Mumps/Measles/Rubella)										
Some of these vaccines e.g. Pneumococcal, MMR or Meningitis C may not be available in your home country										
For official use only:	Label required									