



## VACCINATION CONFIRMATION

For children enrolling into Nursery and Reception at BISB we kindly ask you to provide us with the information about vaccination below. We are required to submit the information on vaccination to the Slovak Regional Health Office.

Please let us know if your child was vaccinated with any of the required vaccines on the list below.

Name:

Surname:

Date of Birth:

Child's age:	Required vaccines	Notes/date (month/year)	Yes	No
<b>3 months old</b> <b>5 months old</b> <b>11 months old</b>	diphtheria, tetanus, whooping cough, hepatitis B invasive Hemophilus infestation polio (DTaP-VHB-HIB-IPV) pneumococcal invasive diseases (PCV)			
<b>Between 15 months and 18 months</b>	measles, mumps, rubella (MMR)			

Vek dieťaťa	Druh očkovania	Notes/date (month/year)	Yes	No
<b>V 3.mesiaci života (I.dávka)</b> <b>V 5.mesiaci života (II.dávka)</b> <b>V 11.mesiaci života (III.dávka)</b>	diphtheria, tetanus, whooping cough, hepatitis B invasive hemophilus infestation polio (DTaP-VHB-HIB-IPV) pneumococcal invasive diseases (PCV)			
<b>Od 15.mesiaca, najneskôr do 18.mesiaca živote</b>	measles, mumps, rubella (MMR)			