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| Judeţul...................................................... | Codul numeric personal | | | | | | | | | | | | |
| Localitatea.............................................. |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Unitatea sanitară.........................……………………….......... | | | | | | | | | | | | | |
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| **AVIZ EPIDEMIOLOGIC PENTRU (RE)INTRARE ÎN COLECTIVITATE** | | | | | | | | | | | | | |
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| anul luna ziua | | | | | | | | | | | | | |
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| Numele Prenumele | | | | | | | | | | | | | |
| Prenumele tatălui | | | | | | | | | | | | | |
| Data naşterii: anul lunaziua | | | | | | | | | | | | | |
| Domiciliul: loc. str. | | | | | | | | | | | | | |
| nr. blocap. sector/judeţ | | | | | | | | | | | | | |
| ARE □ / NU ARE □ semne şi simptome sugestive de boală transmisibilă: | | | | | | | | | | | | | |
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| S-a eliberat prezenta pentru: | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| A se vedea situaţia vaccinărilor pe verso. | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  | | Semnãtura şi parafa medicului, | | | | | | | | | | | |

Unitatea sanitară ...........................................................................................

(denumire, adresă, telefon, fax) ........................................................................................

**Fişa de vaccinări\***

Numele şi prenumele: ............................................................................................................................

Sexul: ........................ Vârsta: ..................

Adresa (strada, nr, oraş, judeţ/sector) ....................................................................................................

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Instituţia la care doreşte să se înscrie (şcoala, liceul, gradiniţa, creşa...): .............................................

................................................................................................................................................................

Numele şi prenumele părintelui: ...........................................................................................................

Telefoane de contact ale părintelui: ......................................................................................................

***Vaccinări***

- numărul carnetului de vaccinări al copilului ......................................................

a) vaccinări conform Programului Naţional de Vaccinare

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \*hepatita B | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |
| BCG | \_ \_ / \_ \_ / \_ \_ |  |  |  |
| \*DTP | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |
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| \*Hib | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |
| \*Polio | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |
| ROR | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |

\* se mentioneaza toate antigenele administrate, indiferent de tipul de vaccin utilizat ( mono-, tetra-, penta- sau hexavalente)

b) vaccinări opţionale

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| gripal | \_ \_ / \_ \_ / \_ \_ |  |  |  |
| pneumococic | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |
| rotavirus | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |
| varicela | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |
| HPV | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |
| Hepatita A | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |  |  |
| Altele specificaţi | \_\_\_\_\_\_\_\_\_\_\_\_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ | \_ \_ / \_ \_ / \_ \_ |

Data Eliberat de .............................................................

............................. (nume, prenume, parafa, semnatura)