

**SCHEDA SANITARIA PER MINORI - SANITARY CARD FOR MINORS**

cognome-surname	nome-first name
Luogo e data di nascita – place and date of birth	nazionalità – nationality
Residenza, indirizzo, telefono – domicile, complete address, phone	
Medico curante – doctor in charge	Codice Fiscale: AUSL

**VACCINAZIONI - MALATTIE PREGRESSE  
V A C C I N A T I O N S - P R E V I O U S D I S E A S E S**

<b>Morbillo Measles</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Parotite Mumps</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Rosolia Rubella</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Pertosse Whooping-cough</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Varicella Varicella</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Tetano Tetanus</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			
<b>Epatite B Hepatitis B</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>		Malattia pregressa - Previous disease	Si-Yes <input type="checkbox"/>
		No <input type="checkbox"/>			No <input type="checkbox"/>
<b>Meningococco C Meningococcal C</b>	Vaccinato-vaccinated	Si-Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			

**ALLERGIE – ALLERGIES**

	specificare - specify
Farmaci - Drugs	
Pollini - Pollens	
Polveri - Dusts	
Muffe - Moulds	
Punture di insetti - Insect stings	

Intolleranze alimentari – Food intolerances: \_\_\_\_\_

Altro - Other diseases: \_\_\_\_\_

Documentazione allegata inerente patologie e terapie in atto – Included papers concerning diseases and therapies in progress:

Data - date

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

