SPSE UCLouvain 5541
Centre de Santé UCLouvain asbl

AUTHORISATION FOR CATCH-UP VACCINATIONS

2nd year primary school pupils

Vaccines concerned: Measles-Mumps-Rubella (MMR), Diphtheria-Tetanus-Pertussis-(Polio), and meningococcal ACWY vaccine, if any are missing.*

1. INFORMATION ABOUT THE CHILD

Child's surname and first name: .....
Date of birth: ..... / ..... / .....
Country of birth: .....
Date of arrival in Belgium (only if your child was born abroad): .....
School: .....
Class: .....
Child's national register number OR health insurance sticker: .....
Does your child take medication every day for a health problem? ☐ Yes ☐ No
If yes, which medication(s)? (write the names): .....
Is your child allergic to any food or medication?
If yes, which one(s)? .....

2. VACCINATION

☐ My child was born in Belgium and has received the recommended vaccines since birth.
☐ Yes ☐ No → If yes, up to what age? ..... years
☐ My child received vaccines in their country of birth (or another country: .....).
☐ Yes ☐ No → If yes, which vaccines?
.....
☐ My child has not received vaccines or I do not have this information.

3. VACCINATION CARD

Please attach a copy of the vaccination card or the "vaccination" pages from your child's health record (even if it is not written in French).
☐ Yes, I have a vaccination card
The school's medical team will check your child's vaccination card before vaccinating them.
☐ No, I do not have a vaccination card

4. CHOOSE ONE OPTION (tick one box)

☐ YES, I authorise the school medical team to provide, free of charge, any missing vaccinations for my child. (* If your child needs 3 vaccines, 2 will be given during the health assessment; an appointment will be offered for the 3rd.)

☐ NO, I do not want my child to be vaccinated.

Name of parent(s) (or person responsible for the pupil): .....
Parents' telephone: ..... / ..... OR ..... / .....
Parent's (or responsible person's) email: .....
Date: ..... / ..... / .....

Signature