Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine

Supplement to:
Guidance on vaccination and prevention of vaccine-preventable disease outbreaks for countries hosting refugees from Ukraine, April 2022 update
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Introduction
This document provides:

- information on how to obtain vaccination documentation remotely (intended for refugees from Ukraine and internally displaced persons (IDPs) in Ukraine who lack documentation of vaccination status for themselves or their children);
- information on the types of vaccination documentation issued in Ukraine, and English translations of standard documents (intended for health care providers in refugee-host countries to facilitate assessment of vaccination status of refugees).

Procedure to obtain proof of vaccination status
Any refugee from Ukraine, or IDP within Ukraine, may request and remotely obtain proof of vaccination status for themselves or their children. The steps are as follows:

- The refugee or IDP (or their parent/guardian) requests a vaccination certificate from the health care provider in Ukraine with whom they are registered. The requester should indicate the form in which they would like to receive the certificate (paper or digital) and the preferred means of communication (e.g., e-mail).
- The health care provider in Ukraine will access the requestor’s vaccination information (or that of their child) via the electronic health care system (EHCS). If a digital copy is requested, the provider can sign the certificate electronically via this link: https://diia.gov.ua/services/pidpisannya-dokumentiv. If a paper copy is requested, the provider who accessed the information will both sign and stamp the paper copy of the certificate.
- The health care provider will then send the digital or paper copy of the certificate to the requester.

Information for health care providers in host countries to help them assess the vaccination status of refugees from Ukraine
Refugees from Ukraine may have one or more of the following official documents, or other medical documentation, containing information about vaccinations received in Ukraine.

- History of child development (form No. 112/o)
- Certificate of vaccinations
- Vaccination card (form No. 063/o)
- Medical card of the outpatient (form No. 025/o)
- Digital medical records extracted from the EHCS
- International vaccination certificate

To facilitate assessment of the records by health care providers in host countries, unofficial translations of the Ukrainian documents, as provided by the Ukrainian health authorities, are provided in the annexes.
## Annex 1: History of child development (form No.112/o)

| Name of the Ministry, other Executive Body, enterprise, institution, organization under jurisdiction to which the healthcare institution belongs |
| Name and location (full postal address) of the health care facility where the form is filed |
| EDRPOU code |

### MEDICAL RECORDS

| Primary records form No. 112/o |
| APPROVED |

The Order of MoH of Ukraine

| 2 | 8 | 0 | 7 | 2 | 0 | 1 | 4 | No. | 5 | 2 | 7 |

### History of child development No. _____

**Blood group**

**Cases of allergic reactions (to medicinal products, food, vaccines, etc.), allergic diseases (enter)**

| Surname |
| middle name |

| 1. Surname name |

| 2. Date of birth (day, month, year) |

| 3. Sex: male – 1, female – 2 |

| 4. Place of residence (stay): region ________________, district ________________, city (village) ________________, street ________________, building ________________, apartment ________________, phone number |

| 5. Lives: permanently, temporarily; nonresident (from another city), village (underline, indicate where he/she came from) |

| 6. Note of preschool/secondary school attendance |

| 7. Registered in the health care facility |

| Disease which was reason registered |

| 8. Deregistered |

| Reason of deregistration (if moved, indicate where moved on) |

**Date of admission to the educational institution**

| Age of child |

| Name of the institution |

| Left the educational institute (date) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |

| (day, month, year) |
# I. FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Parents and children</th>
<th>Full name</th>
<th>Year of birth</th>
<th>Work place, position, telephone (for children – educational institutions)</th>
<th>Chronic diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td></td>
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<td></td>
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<tr>
<td>Father</td>
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<tr>
<td>Children</td>
<td></td>
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</tr>
<tr>
<td>1.1. Chronic diseases of other people, that live in the apartment</td>
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<tr>
<td>1.2. Additional data</td>
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</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

## II. DATA ABOUT THE NEWBORN

<table>
<thead>
<tr>
<th>Date of discharge from the maternity hospital</th>
<th>Date of notification about the newborn from the maternity hospital (department)</th>
</tr>
</thead>
</table>

Place for sticking the "Ticket 3" of the exchange card of the maternity hospital, maternity department of the hospital.
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

### III. RECORD SHEET OF FINAL (UPDATED) DIAGNOSIS*

<table>
<thead>
<tr>
<th>Date of referral (day, month, year)</th>
<th>Age</th>
<th>Final (updated) diagnoses (mark as &quot;+&quot; or &quot;−&quot;)</th>
<th>First diagnosed (mark as &quot;+&quot;)</th>
<th>Surname and signature of the doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

*The number of pages must be at least 2.
### IV. INFORMATION ABOUT HOSPITALIZATION

<table>
<thead>
<tr>
<th>Date of hospitalisation (day, month, year)</th>
<th>Name of the health care facility, department</th>
<th>Final diagnosis</th>
<th>Date of discharge from the health care facility (day, month, year)</th>
<th>Signature of doctor</th>
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</thead>
<tbody>
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</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>Disability leaf number</th>
<th>Date of issue of the Disability leaf</th>
<th>Date of closing of the Disability leaf</th>
<th>Final diagnosis (code according to ICD-10*)</th>
<th>Doctor (surname, signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tbody>
</table>

* International statistical classification of diseases and related health problems, 10th revision.
VI. PRIMARY MEDICAL PATRONAGE OF A NEWBORN AT HOME

6.1. ANAMNESIS. Child (boy/girl) from _______ pregnancy, full-term/premature, childbirth: physiological/pathological, urgent/premature (underline, enter )

Gestational age _______ weeks, birth weight _______ g, discharge weight _______ g, body length _______ cm, head circumference _______ cm.

Bad habits of parents (if any) ________________________________________________, social status of the family _____________________.

chronic, hereditary diseases of parents, allergic reactions (if any) ____________________, contact with tuberculosis, HIV (AIDS)-infection _____________________.

Vaccination: BCG – (+), (–) ____________________, hepatitis B – (+), (–) _____________________.

(if not vaccinated – indicate the reason)

Examination for: PKU – (+), (–) ____________________, congenital hypothyroidism – (+), (–) _____________________.

(if not vaccinated – indicate the reason)

6.2. EXAMINATION OF ORGANS AND SYSTEMS

General state of the child: satisfactory, moderate, severe, body temperature ____________________ ºС. (underline, enter )

Head shape ______________________, large fontanel _______________________, small fontanel _______________________, cranial sutures ___________.

Position: active, forced ______________________, muscle tone of the extremities: moderate hypertonus, hypertonus, hypotonus ___________.

movements: symmetrical, asymmetrical, expressed unconditioned reflexes: exploring, proboscis, grasp, Moro, crawling ___________, reaction: to light – (+), (–); sound – (+), (–) _______________________, stigmas of dysembryogenesis _______________________.

Skin: clear, pink, pale pink, pale, cyanosis ________________________________________________________________________________ ___________.

Presence: rash _______________________, jaundice (intensity and prevalence) _______________________.

Condition of the oral mucosa: clean, hyperemic, affected by thrush _______________________. Discharge from the eyes: absent, transparent, purulent _______________________.

Umbilical cord: dries, dry, clean, bleeds/does not bleed, purulent discharge, redness _______________________, clamp – (+), (–).

Respiratory organs: chest is symmetrical _______________________, respiratory rate _______________________, chest retraction – (+), (–), apnoea – (+), (–), auscultatory ____________________________________________________________________________.

Cardiovascular system: heart rhythm _______________________, heart tones _______________________, murmur _______________________, heart rate _______________________, pulse in the femoral arteries: sufficient filling, palpable symmetrically on both sides.

Abdomen: round, soft, swollen _______________________, pulse in the femoral arteries: sufficient filling, palpable symmetrically on both sides.

Digestive organs: liver ___________ cm, lower edge _______________________, spleen: not palpable, enlarged _______________________.

Urogenital system: genitals: female type, male type, genital organs of a boy – both testicles in the scrotum _______________________,

defecation _______________________, urination _______________________.

Musculoskeletal system: hip extension: complete, limited _______________________, shortening of the lower extremity – (+), (–) _______________________, symptom Ortolani – (+), (–) _______________________, symptom Barlow – (+), (–) _______________________,

asymmetrical thigh creases – (+), (–) _______________________, unequal number of thigh creases _______________________.

Congenital anomalies of child development ____________________________________________.

6.3. FEEDING CHARACTERISTICS: breastfeeding, mixed, artificial, ______________ times a day, ______________ g, adapted/unadapted,
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

6.4. PROPHYLAXIS OF RACHITIS

(determine prescription – vitamin D (dose, duration of administration), ultraviolet radiation)

6.5. LIFE-THREATENING SIGNS THAT REQUIRE IMMEDIATE MEDICAL ATTENTION:

- poor appetite;
- motor activity only with stimulation;
- body temperature ≥ 38 °C;
- body temperature < 35.5 °C;
- respiratory rate ≥ 60 per minute;
- exhalation with a groaning;
- significant chest retraction during exhalation;
- convulsions;
- jaundice of the palms and soles at any age.

6.6. CONSULTATION FOR PARENTS

6.6.1. Only breastfeeding.

6.6.2. Basics of newborn care:
   - emotional family contact with the child;
   - normal thermal regime to prevent hypothermia of the newborn;
   - care of umbilical wound, umbilical cord;
   - accident prevention;
   - prevention of sudden death syndrome (put the child to sleep, do not smoke in the room where the child is, avoid overheating);
   - other hygiene issues.

6.7. CHILD CARE PLAN (PRESCRIPTIONS AND RECOMMENDATIONS):

6.8. PARENTS ARE PROVIDED WITH INFORMATION ABOUT THE SCHEDULE OF WORK OF THE DOCTOR AND NURSE OF THE HEALTH CARE FACILITY/CENTER OF PRIMARY MEDICAL AND SANITARY CARE.

The next examination at home "_____" _____________ 20_____

Parents are informed ________________________________ (surname, signature)

Date of patronage ________________________________ Pediatrician/general practitioner - family doctor ________________________________ (surname, signature)
VII. CARD OF PROPHYLACTIC EXAMINATION ON THE DEVELOPMENT OF A CHILD UNDER 3 YEARS

Date of prophylactic examinations of the child by doctors and observations of the patronage nurse

<table>
<thead>
<tr>
<th>Specialty of the doctor</th>
<th>Specialty of the doctor</th>
<th>Child's age at examination</th>
<th>Date of child's examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pediatrician/general practitioner - family doctor</td>
<td>at hospital</td>
<td>1st year of life</td>
<td></td>
</tr>
<tr>
<td></td>
<td>at home</td>
<td>2nd year of life</td>
<td></td>
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<tr>
<td>2. Orthopedist-traumatologist</td>
<td></td>
<td>3rd year of life</td>
<td></td>
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<tr>
<td>3. Neurologist</td>
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<tr>
<td>4. Ophthalmologist</td>
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<tr>
<td>5. Dentist</td>
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<tr>
<td>Patronage nurse at home</td>
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<td></td>
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</tbody>
</table>

VIII. PROPHYLAXIS AND TREATMENT OF RACHITIS

<table>
<thead>
<tr>
<th>Purpose of prescription</th>
<th>Prescription of vitamin D₂</th>
<th>Ultraviolet radiation</th>
<th>Name of complex</th>
<th>Age</th>
<th>Date of prescription</th>
<th>Completion mark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>single dose and frequency of administration</td>
<td>date of prescription</td>
<td>date of withdrawal</td>
<td>total for the course</td>
<td>1 complex</td>
<td>1,5–3 months</td>
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<td></td>
<td>2 complex</td>
<td>3–4 months</td>
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<td></td>
<td></td>
<td></td>
<td>3 complex</td>
<td>4–6 months</td>
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<tr>
<td>Prophylactic</td>
<td></td>
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<td>4 complex</td>
<td>6–9 months</td>
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<td>5 complex</td>
<td>9–12 months</td>
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<tr>
<td>Therapeutic</td>
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</tbody>
</table>
X. CARD OF VACCINATION AND REACTIONS TO VACCINATION

1. PLANNED VACCINATIONS

<table>
<thead>
<tr>
<th>Vaccination against</th>
<th>Date vaccination</th>
<th>Age of child</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction local</th>
<th>Reaction general</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculosis</td>
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<tr>
<td>Vaccination</td>
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<td>Revaccination I</td>
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<tr>
<td>Revaccination II</td>
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<tr>
<td>Poliomyelitis</td>
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<tr>
<td>Vaccination</td>
<td>1-st vaccination</td>
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<td>2-nd vaccination</td>
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<td>3-rd vaccination</td>
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<td>1-st revaccination</td>
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<td>2-nd revaccination</td>
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<td>3-rd revaccination</td>
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<td></td>
<td>4-th revaccination</td>
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<tr>
<td>Diphtheria, pertussis, tetanus (DPT)</td>
<td>Vaccination</td>
<td>1-st vaccination</td>
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<td>2-nd vaccination</td>
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<td>3-rd vaccination</td>
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<td>1-st revaccination</td>
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<td>Diphtheria, tetanus (DT)</td>
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<td>2-nd revaccination</td>
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<td>3-rd revaccination</td>
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<td>4-th revaccination</td>
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<tr>
<td>Measles, mumps, rubella (name of product)</td>
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<td></td>
<td>1-st vaccination</td>
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<td></td>
<td>2-nd vaccination</td>
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2. UNPLANNED VACCINATIONS

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date vaccination</th>
<th>Age of child</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction local</th>
<th>Reaction general</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B vaccination</td>
<td>1-st vaccination</td>
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<td>2-nd vaccination</td>
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<td></td>
<td>3-rd vaccination</td>
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</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>Name of test</th>
<th>Date of the event</th>
<th>Age of child</th>
<th>Dose</th>
<th>Series</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mantoux reaction</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Other vaccinations</td>
<td>Date of the event</td>
<td>Age of child</td>
<td>Dose</td>
<td>Series</td>
<td>Name of vaccine</td>
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</table>

3. MEDICAL CONTRAINDICATIONS TO VACCINATION

<table>
<thead>
<tr>
<th>Name of vaccination</th>
<th>Vaccination postponement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date</td>
</tr>
<tr>
<td>Date of examination</td>
<td></td>
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<tr>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>Age of child</td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>2 months</td>
</tr>
<tr>
<td>Weight</td>
<td></td>
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<tr>
<td>Height</td>
<td></td>
</tr>
<tr>
<td>Chest circumference</td>
<td></td>
</tr>
<tr>
<td>Head circumference, size of large fontanel</td>
<td></td>
</tr>
<tr>
<td>Nutritional status</td>
<td></td>
</tr>
<tr>
<td>Physical development</td>
<td></td>
</tr>
<tr>
<td>Neuropsychological development</td>
<td></td>
</tr>
<tr>
<td>Examination of pediatrician/ general practitioner - family doctor</td>
<td></td>
</tr>
<tr>
<td>Examination of neurologist</td>
<td></td>
</tr>
<tr>
<td>Examination of ophthalmologist</td>
<td></td>
</tr>
<tr>
<td>Examination of orthopedist-traumatologist</td>
<td></td>
</tr>
<tr>
<td>Conclusion, prescription</td>
<td></td>
</tr>
<tr>
<td>Doctor (surname, signature)</td>
<td></td>
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</tbody>
</table>
### XI. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILD OF THE 1ST YEAR OF LIFE

<table>
<thead>
<tr>
<th>Date of examination</th>
<th>Age of child</th>
<th>7 months</th>
<th>8 months</th>
<th>9 months</th>
<th>10 months</th>
<th>11 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td></td>
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<tr>
<td>Height</td>
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<td></td>
</tr>
<tr>
<td>Chest circumference</td>
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<td></td>
</tr>
<tr>
<td>Head circumference, size of large fontanel</td>
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<td></td>
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<tr>
<td>Nutritional status</td>
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</tr>
<tr>
<td>Physical development</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuropsychological development</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Examination of pediatrician/ general practitioner - family doctor</td>
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</tr>
<tr>
<td>Examination of neurologist</td>
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<tr>
<td>Examination of ophthalmologist</td>
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<tr>
<td>Examination of orthopedist-traumatologist</td>
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<tr>
<td>Hemoglobin</td>
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</tr>
<tr>
<td>Conclusion, prescription</td>
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</tbody>
</table>

Doctor (surname, signature)
<table>
<thead>
<tr>
<th>General conclusions</th>
<th>In 1 month</th>
<th>In 3 months</th>
<th>In 6 months</th>
<th>In 9 months</th>
<th>In 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>date</td>
<td>date</td>
<td>date</td>
<td>date</td>
<td>date</td>
</tr>
<tr>
<td>Type of feeding</td>
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<td></td>
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<tr>
<td>Number of teeth</td>
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<td></td>
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<tr>
<td>Size of large fontanel</td>
<td>*</td>
<td>*</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Level of physical development (assessment)</td>
<td></td>
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<tr>
<td>Level of neuropsychological development (assessment)</td>
<td></td>
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</tr>
<tr>
<td>Acute diseases in anamnesiss</td>
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<td>Hemoglobin</td>
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<tr>
<td>Chronic diseases</td>
<td></td>
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</tr>
<tr>
<td>Conclusion on the state of health</td>
<td></td>
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</tr>
</tbody>
</table>

Doctor (surname, signature)
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>XIII. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN OF THE 2ND AND 3RD YEARS OF LIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of examination</td>
</tr>
<tr>
<td>Weight</td>
</tr>
<tr>
<td>Height</td>
</tr>
<tr>
<td>Chest circumference</td>
</tr>
<tr>
<td>Head circumference</td>
</tr>
<tr>
<td>Nutritional status</td>
</tr>
<tr>
<td>Physical development</td>
</tr>
<tr>
<td>Neuropsychological development</td>
</tr>
<tr>
<td>Examination of pediatrician/ general practitioner - family doctor</td>
</tr>
<tr>
<td>Examination of orthopedist-traumatologist</td>
</tr>
<tr>
<td>Examination of dentist</td>
</tr>
<tr>
<td>Examination of ophthalmologist</td>
</tr>
<tr>
<td>Laboratory tests: blood (total, sugar), urine, feces (worm eggs)</td>
</tr>
<tr>
<td>Conclusion, prescription</td>
</tr>
<tr>
<td>Doctor (surname, signature)</td>
</tr>
</tbody>
</table>
## XIV. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN FROM 4 TO 7 YEARS OLD (6 years 11 months 29 days)

<table>
<thead>
<tr>
<th></th>
<th>4 years</th>
<th>5 years</th>
<th>6 years</th>
<th>7 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of examination</td>
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<td></td>
</tr>
<tr>
<td>Weight</td>
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<tr>
<td>Height</td>
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<tr>
<td>Physical development, chest circumference</td>
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<tr>
<td>Neuropsychological development</td>
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<tr>
<td>Examinations of:</td>
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<td></td>
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<tr>
<td>pediatrician/ general practitioner - family doctor</td>
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<tr>
<td>pediatric surgeon</td>
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<tr>
<td>orthopedist-traumatologist</td>
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<tr>
<td>ophthalmologist</td>
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</tr>
<tr>
<td>otolaryngologist</td>
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</tr>
<tr>
<td>neurologist</td>
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</tr>
<tr>
<td>speech therapist</td>
<td></td>
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<tr>
<td>dentist</td>
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<tr>
<td>Laboratory tests: blood (total, sugar), urine, feces (worm eggs)</td>
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<tr>
<td>Admission to PT classes (group)</td>
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<tr>
<td>Conclusion, prescription</td>
<td></td>
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</tbody>
</table>

Doctor (surname, signature)
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>XV. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN FROM 8 TO 12 YEARS OLD (11 years 11 months 29 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of examination</td>
</tr>
<tr>
<td>Weight</td>
</tr>
<tr>
<td>Height</td>
</tr>
<tr>
<td>Physical development, chest circumference</td>
</tr>
<tr>
<td>Neuropsychological development</td>
</tr>
<tr>
<td>Blood pressure</td>
</tr>
<tr>
<td>Examinations of:</td>
</tr>
<tr>
<td>pediatrician/ general practitioner - family doctor</td>
</tr>
<tr>
<td>pediatric surgeon</td>
</tr>
<tr>
<td>orthopedist-traumatologist</td>
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<tr>
<td>ophthalmologist</td>
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<tr>
<td>otolaryngologist</td>
</tr>
<tr>
<td>neurologist</td>
</tr>
<tr>
<td>dentist</td>
</tr>
<tr>
<td>Laboratory tests: blood (total, sugar), urine, feces (worm eggs)</td>
</tr>
<tr>
<td>Admission to PT classes (group)</td>
</tr>
<tr>
<td>Conclusion, prescription</td>
</tr>
<tr>
<td>Doctor (surname, signature)</td>
</tr>
</tbody>
</table>
### XVI. PROPHYLACTIC EXAMINATION AND RESULTS OF EXAMINATION FOR CHILDREN UNDER 17 YEARS (inclusive)

<table>
<thead>
<tr>
<th></th>
<th>13 years</th>
<th>14 years</th>
<th>15 years</th>
<th>16 years</th>
<th>17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of examination</td>
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<tr>
<td>Weight</td>
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<tr>
<td>Height</td>
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</tr>
<tr>
<td>Physical development, chest</td>
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<tr>
<td>circumference</td>
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<tr>
<td>Neuropsychological development</td>
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<tr>
<td>Blood pressure</td>
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<tr>
<td>Examinations of:</td>
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<tr>
<td>pediatrician/ general practitioner</td>
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<tr>
<td>- family doctor</td>
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<tr>
<td>pediatric surgeon</td>
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<tr>
<td>orthopedist-traumatologist</td>
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<tr>
<td>neurologist</td>
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<tr>
<td>endocrinologist</td>
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<tr>
<td>ophthalmologist</td>
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<tr>
<td>otolaryngologist</td>
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<tr>
<td>dentist</td>
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<tr>
<td>pediatric and adolescent</td>
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<tr>
<td>gynecologist</td>
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<tr>
<td>psychologist</td>
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<tr>
<td>Laboratory tests: blood (total,</td>
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<tr>
<td>sugar), urine, feces (worm eggs)</td>
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<tr>
<td>Fluorographic data</td>
<td>*</td>
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<tr>
<td>Admission to PT classes (group)</td>
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<tr>
<td>Conclusion, prescription</td>
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<td></td>
</tr>
<tr>
<td>Doctor (surname, signature)</td>
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</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>XVII. STAGE EPICRISES FOR CHILDREN UNDER 17 YEARS (inclusive)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 years</td>
</tr>
<tr>
<td>6 years</td>
</tr>
<tr>
<td>12 years</td>
</tr>
<tr>
<td>15 years</td>
</tr>
<tr>
<td>17 years</td>
</tr>
</tbody>
</table>

*Each record is followed by a doctor's signature with surname and date.
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

**XVIII. CURRENT OBSERVATION SHEET***

<table>
<thead>
<tr>
<th>Date and place of examination</th>
<th>Anamnesis, data on physical development, clinical data, conclusions of specialists</th>
<th>Diagnosis</th>
<th>Prescription**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

* The number of pages must be at least 20.

** The record of each visit is underlined with a line and verified by the doctor's signature.

**XIX. SHEET OF CURRENT OBSERVATIONS OF THE CHILD BY PATRONAGE NURSE**

<table>
<thead>
<tr>
<th>Date of visit</th>
<th>Sequence number of patronage</th>
<th>Age of child</th>
<th>Purpose of the visit (patronage, fulfillment of doctor's prescriptions, invitations to vaccination, etc.)</th>
<th>Prescription checklist, tips etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

PLACE FOR ADDITION OF ANALYSIS AND MEDICAL ORDERS
Annex 2: Certificate of vaccination

| Name of the Ministry, other Executive Body, enterprise, institution, organisation under jurisdiction to which the healthcare institution belongs |
|__________________________________________________________________________________________________________________________________________|
|__________________________________________________________________________________________________________________________________________|
| Name and location (full postal address) of the institution whose responsible persons filled in vaccination card |
|__________________________________________________________________________________________________________________________________________|
|__________________________________________________________________________________________________________________________________________|
| EDRPOU identification code |
|__________________________|
|__________________________|
|__________________________|
|__________________________|
|__________________________|
|__________________________|

**VACCINATION CERTIFICATE**

<table>
<thead>
<tr>
<th>Date of filling</th>
</tr>
</thead>
<tbody>
<tr>
<td>(day, month, year)</td>
</tr>
</tbody>
</table>

1. **Full name** ____________________________________________________________
2. **Date of birth** _________________________________________________________
3. **Postal address of residence:** region ____________________________________________,
district _______________________________, locality ________________________________,
street ____________________________________________ , bld. No._______ , bloc No._______ , apt. No._____
4. **Notes on address change** _____________________________________________

### 4. Vaccination against tuberculosis

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination (local)</th>
<th>Medical contraindications (date, reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Re-vaccination</td>
<td></td>
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</tr>
</tbody>
</table>
5. Vaccination against poliomyelitis

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination (local)</th>
<th>Medical contraindications (date, reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Re-vaccination</td>
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</tr>
</tbody>
</table>

6. Vaccination against diphtheria, pertussis, tetanus

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Name of vaccine</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination general</th>
<th>Reaction to vaccination local</th>
<th>Medical contraindications (date, reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-vaccination</td>
<td></td>
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</tr>
</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

### 7. Vaccination against measles, mumps, rubella

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 8. Vaccination against hemolytic infection

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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### 9. Vaccination against Hepatitis B

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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### 10. Vaccination against other infections

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Name of vaccine</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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</table>

Medical Provider Seal ____________________

Signature of the health worker who issued the certificate ________________

To fill out in medical-preventive institution or paramedical-obstetric station in case of leaving.
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

**Appendix 3: Vaccination card (form No. 063/o)**

<table>
<thead>
<tr>
<th>Name of the Ministry, other Executive Body, enterprise, institution, organisation under jurisdiction to which the healthcare institution belongs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and location (full postal address) of the institution whose responsible persons filled in vaccination card</td>
</tr>
<tr>
<td>EDRPOU identification code</td>
</tr>
<tr>
<td>MEDICAL RECORDS</td>
</tr>
<tr>
<td>Primary records form No. 063/o</td>
</tr>
<tr>
<td>APPROVED</td>
</tr>
<tr>
<td>The Order of MoH of Ukraine</td>
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</tbody>
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<td>6</td>
<td>No. 1</td>
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</table>

**CARD OF VACCINATION**

<table>
<thead>
<tr>
<th>Registered (day, month, year)</th>
<th>Date of filling (day, month, year)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of children's institution (for organised children)</th>
<th>Precinct number</th>
</tr>
</thead>
</table>

1. Full name

2. Date of birth (day, month, year)

3. Sex: male – 1, female – 2


5. Lives in: city – 1, village – 2

Notes on address change
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

### 6. Vaccination against tuberculosis

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination (local)</th>
<th>Medical contraindications (date, reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccination</td>
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<tr>
<td>Re-vaccination</td>
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</tbody>
</table>

### 7. Poliomyelitis vaccination

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Re-vaccination</th>
<th>Medical contraindications (date, reason)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Date</td>
<td>Dose</td>
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</tbody>
</table>

### 8. Vaccination against diphtheria, pertussis, tetanus

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Name of vaccine</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications (date, reason)</th>
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<tbody>
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<td>Re-vaccination</td>
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</table>
9. Measles vaccination

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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10. Mumps vaccination

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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11. Rubella vaccination

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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12. Hepatitis B vaccination

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Name of vaccine</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications</th>
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<tbody>
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<td>Vaccination</td>
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</table>

13. Other vaccinations
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>Type of vaccination</th>
<th>Name of vaccine</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Reaction to vaccination</th>
<th>Medical contraindications (date, reason)</th>
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14. Tuberculin skin tests

<table>
<thead>
<tr>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Result</th>
<th>Age</th>
<th>Date</th>
<th>Dose</th>
<th>Series</th>
<th>Result</th>
<th>Age</th>
<th>Date</th>
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De-listed from registration (date) ________________

Reason __________________________________________________________________________________

Signature ________________________________

To fill out in medical-preventive institution or paramedical-obstetric station during child's registration.

In case of a leaving the city or region, a certificate of vaccinations of child should be issued.

The card remains in the institution.
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

### Appendix 4: Vaccine names in English and Ukrainian

<table>
<thead>
<tr>
<th>Vaccine code/ Код вакцини</th>
<th>Vaccine code reference book</th>
<th>Довідник кодів вакцин</th>
</tr>
</thead>
<tbody>
<tr>
<td>MenC_conj</td>
<td>Meningococcal Conjugate Type C Vaccine</td>
<td>Кон'югована вакцина для профілактики менінгококової інфекції серогрупи C</td>
</tr>
<tr>
<td>DTP-IPV</td>
<td>Combined diphtheria, tetanus, acellular pertussis, inactivated poliovirus vaccine (DTP-IPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку та поліомієліту (інактивована) (АКДП+ІПВ)</td>
</tr>
<tr>
<td>Measles</td>
<td>Measles vaccine</td>
<td>Вакцина для профілактики кору</td>
</tr>
<tr>
<td>CHOLERA</td>
<td>Cholera vaccine</td>
<td>Вакцина для профілактики колери</td>
</tr>
<tr>
<td>DTaP-Hib</td>
<td>Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae vaccine (DTaP-Hib)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент) та гемофільної інфекції (АаКДП+НІВ)</td>
</tr>
<tr>
<td>YF</td>
<td>Yellow fever vaccine</td>
<td>Вакцина проти жовтої лихоманки</td>
</tr>
<tr>
<td>DTaP</td>
<td>Combined diphtheria, tetanus, acellular pertussis vaccine (DTaP)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку з ацелюлярним кашлюковим компонентом (АаКДП)</td>
</tr>
<tr>
<td>JE_Inactd</td>
<td>Inactivated Japanese encephalitis vaccine</td>
<td>Інактивована вакцина для профілактики японського енцефаліту</td>
</tr>
<tr>
<td>Varicella</td>
<td>Varicella vaccine</td>
<td>Вакцина проти вітряної віспи</td>
</tr>
<tr>
<td>Rabies</td>
<td>Rabies vaccine</td>
<td>Вакцина проти сказу</td>
</tr>
<tr>
<td>HepB</td>
<td>Hepatitis B vaccine</td>
<td>Вакцина для профілактики гепатиту В</td>
</tr>
<tr>
<td>MenAC</td>
<td>Meningococcal A and C vaccine</td>
<td>Вакцина для профілактики менінгококової інфекції серогруп А та С</td>
</tr>
<tr>
<td>HPV</td>
<td>Human papillomavirus vaccine</td>
<td>Вакцина для профілактики інфекції, викликаної вірусом папіломи людини</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Anthrax vaccine</td>
<td>Вакцина для профілактики сибірської виразки</td>
</tr>
<tr>
<td>TdIPV</td>
<td>Combined tetanus, diphtheria toxoid with reduced amount of antigen, inactivated poliovirus vaccine (TdIPV)</td>
<td>Комбінований правцевий та дифтерійний анатоксин із зменшеним вмістом антигену з інактивованою вакциною проти поліомієліту (АДП+ІПВ)</td>
</tr>
<tr>
<td>DTaPHepBIPV</td>
<td>Combined diphtheria, tetanus, acellular pertussis, hepatitis B, poliovirus vaccine (DTaPHepBIPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, коклюшу (ацелюлярний компонент), гепатиту В та поліомієліту (АаКДП+ГепВ+ІПВ)</td>
</tr>
<tr>
<td>bOPV</td>
<td>Bivalent oral poliovirus vaccine (bivalent OPV)</td>
<td>Бівалентна оральна поліомієлітна вакцина (бівалентна ОПВ)</td>
</tr>
<tr>
<td>TBE</td>
<td>Tick-borne encephalitis vaccine</td>
<td>Вакцина проти вірусу кліщового енцефаліту</td>
</tr>
<tr>
<td>SarsCov2_DNA</td>
<td>Coronavirus vaccine on DNA platform</td>
<td>Вакцина від коронавірусної хвороби на платформі ДНК</td>
</tr>
<tr>
<td>DTaPHibiPV</td>
<td>Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae, inactivated poliovirus vaccine (DTaPHibiPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент), гемофільної інфекції та поліомієліту (інактивована) (АаКДП+НІВ+ІПВ)</td>
</tr>
<tr>
<td>HepA</td>
<td>Hepatitis A vaccine</td>
<td>Анатоксин дифтерійно-правцевий (АДП) - комбінована вакцина для профілактики дифтерії та правця</td>
</tr>
<tr>
<td>DT</td>
<td>Diphtheria-tetanus toxoids (DT) - combined diphtheria and tetanus vaccine</td>
<td>Вакцина від коронаARYCOV NO/ plattform ДНК</td>
</tr>
<tr>
<td>Pneumo_ps</td>
<td>Pneumococcal polysaccharide vaccine</td>
<td>Пневмококова полисахаридна вакцина</td>
</tr>
<tr>
<td>Rubella</td>
<td>Rubella vaccine</td>
<td>Вакцина для профілактики краснухи</td>
</tr>
<tr>
<td>SarsCov2_RVv</td>
<td>Coronavirus replicating vector vaccine</td>
<td>Вакцина від коронавірусної хвороби на платформі вірусного вектора зі здатністю до реплікації</td>
</tr>
<tr>
<td>Hib</td>
<td>Haemophilus influenza vaccine</td>
<td>Вакцина для профілактики гемофільної інфекції</td>
</tr>
<tr>
<td>MenBC</td>
<td>Meningococcal B and C vaccine</td>
<td>Вакцина для профілактики менінгококової інфекції серогрупи В і серогрупи С</td>
</tr>
<tr>
<td>aP</td>
<td>Acellular pertussis vaccine</td>
<td>Ацелюлярна вакцина проти кашлюку</td>
</tr>
<tr>
<td>HibMenC</td>
<td>Haemophilus influenza B &amp; meningococcal C vaccine</td>
<td>Вакцина для профілактики гемофільної інфекції типу В та менінгококу С</td>
</tr>
<tr>
<td>MMR</td>
<td>Measles, mumps and rubella vaccine (MMR)</td>
<td>Вакцина для профілактики кору, паротиту, краснухи (КПК)</td>
</tr>
<tr>
<td>Leptospirosis</td>
<td>Leptospirosis vaccine</td>
<td>Вакцина для профілактики лептоспірозу</td>
</tr>
</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>Vaccine Code</th>
<th>Vaccine Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HepA</td>
<td>Hepatitis A and hepatitis B vaccine</td>
<td>Вакцина для профілактики гепатиту А та гепатиту В</td>
</tr>
<tr>
<td>Mumps</td>
<td>Mumps vaccine</td>
<td>Вакцина для профілактики паротиту</td>
</tr>
<tr>
<td>TdaP</td>
<td>Combined tetanus, acellular pertussis, diphtheria with reduced amount of antigen (Tdap)</td>
<td>Комбінована вакцина для профілактики кашлю з ацелюлярним кашлюковим компонентом, дифтерії, правця, із зменшеним вмістом антигену (АаКДП-М)</td>
</tr>
<tr>
<td>DTwPHib</td>
<td>Combined whole-cell pertussis, diphtheria, tetanus, haemophilus influenzae vaccine (DTwPHib)</td>
<td>Комбінована вакцина для профілактики кашлю з цілноклітинним кашлюковим компонентом, дифтерії, правця та гемофільної інфекції, гепатиту В та поліомієліту (інактивована) (АаКДП+НІВ)</td>
</tr>
<tr>
<td>DTaP</td>
<td>Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae, hepatitis B, inactivated poliovirus vaccine (DTaP)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (цілноклітинний компонент) та поліомієліту (інактивована) (АаКДП+НІВ+ГепВ+ІПВ)</td>
</tr>
<tr>
<td>DTaPHibHepBIPV</td>
<td>Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae, hepatitis B, poliovirus vaccine (DTaPHibHepBIPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (цілноклітинний компонент) та поліомієліту (інактивована) (АаКДП+НІВ+ГепВ+ІПВ)</td>
</tr>
<tr>
<td>DTaPIPV</td>
<td>Combined diphtheria, tetanus, acellular pertussis, inactivated poliovirus vaccine (DTaPIPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент) та поліомієліту (інактивована) (АаКДП+ІПВ)</td>
</tr>
<tr>
<td>MenA_conj</td>
<td>Meningococcal conjugate type A vaccine</td>
<td>Кон’югована вакцина для профілактики менінгококової інфекції серогрупи А</td>
</tr>
<tr>
<td>JE_Rec</td>
<td>Recombinant Japanese encephalitis vaccine</td>
<td>Рекомбінована вакцина для профілактики японського енцефаліту</td>
</tr>
<tr>
<td>BCG</td>
<td>Vaccine for the prevention of tuberculosis (BCG)</td>
<td>Вакцина для профілактики туберкульозу (БЦЖ)</td>
</tr>
<tr>
<td>Influenza</td>
<td>Influenza vaccine</td>
<td>Вакцина для профілактики грипу</td>
</tr>
<tr>
<td>MM</td>
<td>Combined mumps and measles vaccine</td>
<td>Комбінована вакцина для профілактики кору та паротиту</td>
</tr>
<tr>
<td>TT</td>
<td>Tetanus toxoid</td>
<td>Правцевий анатоксин</td>
</tr>
<tr>
<td>SarsCov2_RNA</td>
<td>Coronavirus vaccine on RNA platform</td>
<td>Вакцина від коронавірусної хвороби на платформі РНК</td>
</tr>
<tr>
<td>SarsCov2_Rc_lp</td>
<td>Coronavirus vaccine on recombinant coronavirus-like particle platform</td>
<td>Вакцина від коронавірусної хвороби на платформі рекомбінантної коронавірусно-подібної частинки</td>
</tr>
<tr>
<td>SarsCov2_Inact</td>
<td>Coronavirus vaccine on the platform of inactivated virus</td>
<td>Вакцина від коронавірусної хвороби на платформі інактивованого вірусу</td>
</tr>
<tr>
<td>DTwPHibHepBIPV</td>
<td>Combined diphtheria, tetanus, whole-cell pertussis, haemophilus influenzae, hepatitis B, poliovirus vaccine (DTwPHibHepBIPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (цілноклітинний компонент), гемофільної інфекції, гепатиту В та поліомієліту (АаКДП+НІВ+ГепВ+ІПВ)</td>
</tr>
<tr>
<td>Typhoid_conj</td>
<td>Typhoid conjugate vaccine</td>
<td>Кон’югована вакцина для профілактики черевного тифу</td>
</tr>
<tr>
<td>DTaP</td>
<td>Combined diphtheria, tetanus, acellular pertussis, hepatitis B vaccine (DTaPHepB)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (цілноклітинний компонент) та гепатиту В (АаКДП+ГепВ)</td>
</tr>
<tr>
<td>DTwPHibHepB</td>
<td>Combined diphtheria, tetanus, whole-cell pertussis, haemophilus influenzae, hepatitis B vaccine (DTwPHibHepB)</td>
<td>П’ятивалентна вакцина для профілактики дифтерії, правця, кашлюку (цілноклітинний компонент), гемофільної інфекції, гепатиту В та поліомієліту (АаКДП+НІВ+ГепВ+ІПВ)</td>
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<tr>
<td>Plague</td>
<td>Plague vaccine</td>
<td>Вакцина для профілактики бубонної чуми</td>
</tr>
<tr>
<td>TdaP</td>
<td>Combined acellular pertussis, diphtheria, tetanus with reduced amount of antigen with inactivated poliovirus vaccine (Tdap)</td>
<td>Комбінована вакцина для профілактики кашлю з ацелюлярним кашлюковим компонентом, дифтерії, правця, із зменшеним вмістом антигену та поліомієліту (інактивована) (АаКДП-М+ІПВ)</td>
</tr>
<tr>
<td>DTwPHepB</td>
<td>Combined pertussis (whole cell component), diphtheria, tetanus, hepatitis B vaccine (DTwPHepB)</td>
<td>Комбінована вакцина для профілактики кашлю з цілноклітинним кашлюковим компонентом, дифтерії, правця та гепатиту В (АаКДП+ГепВ)</td>
</tr>
<tr>
<td>SarsCov2_Pr</td>
<td>Coronavirus vaccine on the platform of the protein subunit</td>
<td>Вакцина від коронавірусної хвороби на платформі білкової субодиниці</td>
</tr>
<tr>
<td>ViPS</td>
<td>Typhoid Polysaccharide Vaccine</td>
<td>Полісахаридна вакцина для профілактики черевного тифу</td>
</tr>
<tr>
<td>Pneumo_conj</td>
<td>Pneumococcal conjugate vaccine</td>
<td>Пневмококова кон’югована вакцина</td>
</tr>
<tr>
<td>MR</td>
<td>Combined measles and rubella vaccine (MR)</td>
<td>Комбінована вакцина для профілактики кору та краснухи (КК)</td>
</tr>
<tr>
<td>MenB</td>
<td>Meningococcal B vaccine</td>
<td>Вакцина для профілактики менінгококової інфекції серогрупи В</td>
</tr>
<tr>
<td>SarsCov2_nRVv</td>
<td>Coronavirus vaccine on the platform of the non-replicating vector vaccine</td>
<td>Вакцина від коронавірусної хвороби на платформі вірусного вектора без здатності до реплікації</td>
</tr>
</tbody>
</table>
Obtaining proof of vaccination status and assessing vaccination records of refugees from Ukraine.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Vaccine Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotavirus</td>
<td>Rotavirus vaccine</td>
<td>Вакцина для профілактики ротавірусної інфекції</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Diphtheria vaccine</td>
<td>Вакцина для профілактики дифтерії</td>
</tr>
<tr>
<td>MenACW</td>
<td>Meningococcal conjugate type A, C and W vaccine</td>
<td>Вакцина для профілактики менінгококової інфекції серогруп А, С і W</td>
</tr>
<tr>
<td>Tularemia</td>
<td>Tularemia vaccine</td>
<td>Вакцина для профілактики туляремії</td>
</tr>
<tr>
<td>Td</td>
<td>Diphtheria, tetanus with reduced amount of antigen (Td)</td>
<td>Вакцина для профілактики дифтерії та правця із зменшеним вмістом антигену (АДП-М)</td>
</tr>
<tr>
<td>PCV10</td>
<td>Combined conjugate pneumococcal polysaccharide, haemophilus influenzae vaccine</td>
<td>Комбінована кон’югована полісахаридна вакцина для профілактики пневмококової інфекції та гемофільної інфекції</td>
</tr>
<tr>
<td>DTaPHibHepB</td>
<td>Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae, hepatitis B vaccine (DTaPHibHepB)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент), гемофільної інфекції та гепатиту В (АаКДП+НИВ+ГепВ)</td>
</tr>
<tr>
<td>IPV</td>
<td>Inactivated poliovirus vaccine (IPV)</td>
<td>Інактивована вакцина для профілактики поліомієліту (ІПВ)</td>
</tr>
<tr>
<td>JE_LiveAtd</td>
<td>Japanese encephalitis live vaccine</td>
<td>Жива вакцина для профілактики японського енцефаліту</td>
</tr>
<tr>
<td>SarsCov2_mRNA</td>
<td>Coronavirus vaccine on mRNA platform</td>
<td>Вакцина від коронавірусної хвороби на платформі мРНК</td>
</tr>
<tr>
<td>Men_ACWY_135</td>
<td>Meningococcal A, C, Y and W-135 polysaccharide conjugate vaccine</td>
<td>Кон’югована полісахаридна вакцина проти менінгококів серогруп А, С, W-135 та Y</td>
</tr>
<tr>
<td>DTIPV</td>
<td>Combined diphtheria, tetanus, inactivated poliovirus vaccine (DT+IPV)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця та поліомієліту (інактивована) (АДП+ІПВ)</td>
</tr>
<tr>
<td>DTwP</td>
<td>Combined diphtheria, tetanus, whole cell pertussis vaccine (DTwP)</td>
<td>Комбінована вакцина для профілактики дифтерії, правця, кашлюка з цільноклітинним кашлюковим компонентом (АКДП)</td>
</tr>
<tr>
<td>MMRV</td>
<td>Combined measles, mumps, rubella, varicella vaccine (MMR+V)</td>
<td>Комбінована вакцина для профілактики кору, паротиту, краснухи та вітряної віспи (КПК+V)</td>
</tr>
<tr>
<td>Q_Vax</td>
<td>Q fever vaccine</td>
<td>Вакцина для профілактики Ку - гарячки</td>
</tr>
<tr>
<td>TyphoidHepA</td>
<td>Combined typhoid, hepatitis A vaccine</td>
<td>Комбінована вакцина проти тифу та гепатиту А</td>
</tr>
</tbody>
</table>
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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