BCG Vaccination reporting sheet





Clinic	Govanhill	PRM	Wo	odside	Other	
Category	At Risk Baby At Risk C		Child	Contact	Other	
Surname			F	orename		
DOB/CHI						Sex M F
Address						
		70.00				
City		F	ostco	de 🔲		
GP Detail	s	L. I. Harris				
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Address			-			
City			Poste	ode		
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