Regione Emilia-Romagna

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	**libretto sanitario n.**	**AUSL**

MALATTIE PREGRESSE - PREVIOUS DISEASES

morbillo measles	**si** = yes	**no**	**non so** = unknown	**vaccinato** = vaccinated	**si** = yes	**no**
parotite mumps	**si** = yes	**no**	**non so** = unknown	**vaccinato** = vaccinated	**si** = yes	**no**
pertosse whooping-cough	**si** = yes	**no**	**non so** = unknown	**vaccinato** = vaccinated	**si** = yes	**no**
rosolia rubella	**si** = yes	**no**	**non so** = unknown	**vaccinato** = vaccinated	**si** = yes	**no**
varicella varicella	**si** = yes	**no**	**non so** = unknown	**vaccinato** = vaccinated	**si** = yes	**no**

ALLERGIE - ALLERGIES

	specificare = specify
farmaci drugs	
pollini pollens	
polveri dusts	
muffe moulds	
punture di insetti insect stings	

altro other diseases: _____

documentazione allegata inerente patologie e terapie in atto = included papers concerning diseases and therapies in progress: _____

intolleranze alimentari = fodd intolerances: _____

data = date

firma di chi esercita la potestà parentale
signature of the person exercising parental authority