

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

<b>cognome = surname</b>	<b>nome = first name</b>

<b>luogo e data di nascita = place and date of birth</b>	<b>nazionalità = nationality</b>

<b>residenza-indirizzo-telefono = domicile-complete address-phone ☎</b>

<b>medico curante = doctor in charge</b>	<b>libretto sanitario n.</b>	<b>AUSL</b>

**MALATTIE PREGRESSE - PREVIOUS DISEASES**

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

**ALLERGIE - ALLERGIES**

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

**altro** other diseases: \_\_\_\_\_

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

**intolleranze alimentari** = food intolerances: \_\_\_\_\_

**data = date**

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