

# 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: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											<p><b>MEDICAL RECORDS</b></p> <p>Primary records form  <b>No. 112/o</b>                  1.  <b>APPROVED</b></p> <p>The Order of MoH of Ukraine</p> <table border="1" style="margin: auto;"><tr><td>2</td><td>8</td><td>0</td><td>7</td><td>2</td><td>0</td><td>1</td><td>4</td><td>No.</td><td>5</td><td>2</td><td>7</td></tr></table>	2	8	0	7	2	0	1	4	No.	5	2	7																																																															
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<p><b>History of child development No. _____</b></p>																																																																																						
Blood group _____ Rhesus factor _____	Cases of allergic reactions (to medicinal products, food, vaccines, etc.), allergic diseases (enter)																																																																																					
1. Surname _____ middle name _____ name _____ 2. Date of birth <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> 3. Sex: male – 1, female – 2 <input type="checkbox"/>										7. Registered in the health care facility <table border="1" style="margin: auto;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr> </table>									(day, month, year)																(day, month, year)																(day, month, year)																(day, month, year)								Disease which was reason registered ..... ..... ..... .....											
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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	8. Deregistered	Reason of deregistration (if moved, indicate where moved on)																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Date of admission to the educational institution</th> <th style="width:10%;">Age of child</th> <th style="width:30%;">Name of the institution</th> <th style="width:45%;">Left the educational institute (date)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date of admission to the educational institution	Age of child	Name of the institution	Left the educational institute (date)																	<table border="1" style="margin: auto;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="8" style="text-align: center;">(day, month, year)</td></tr> </table>									(day, month, year)																(day, month, year)																(day, month, year)																(day, month, year)								..... ..... ..... .....
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<b>I. FAMILY INFORMATION</b>				
Parents and children	Full name	Year of birth	Work place, position, telephone (for children – educational institutions)	Chronic diseases
Mother				
Father				
Children				
1.1. Chronic diseases of other people, that live in the apartment _____				
1.2. Additional data _____				

**II. DATA ABOUT THE NEWBORN**

Date of discharge from the maternity hospital \_\_\_\_\_

Date of notification about the newborn  
from the maternity hospital (department) \_\_\_\_\_

Place for sticking the "Ticket 3" of the exchange card of the maternity hospital, maternity department of the hospital.

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<b>III. RECORD SHEET OF FINAL (UPDATED) DIAGNOSIS*</b>				
Date of referral (day, month, year)	Age	Final (updated) diagnoses (mark as "+" or "-")	First diagnosed (mark as "+")	Surname and signature of the doctor
1	2	3	4	5

\*The number of pages must be at least 2.







## 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) (if not vaccinated – indicate the reason)

Examination for: PKU – (+), (–) \_\_\_\_\_, congenital hypothyroidism – (+), (–) \_\_\_\_\_

(if not vaccinated – indicate the reason)

(if not vaccinated – indicate the reason)

6.2. EXAMINATION OF ORGANS AND SYSTEMS General state of the child: satisfactory, moderate, severe, body temperature \_\_\_\_\_ °C.  
(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 \_\_\_\_\_, 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,

condition of the mother's breasts \_\_\_\_\_, breastfeeding: correct, effective, safe \_\_\_\_\_.  
(underline, enter )

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  $\geq 38$  °C;  
body temperature  $< 35,5$  °C;  
respiratory rate  $\geq 60$  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 \_\_\_\_\_

Date of patronage \_\_\_\_\_  
(day, month, year)

\_\_\_\_\_  
(surname, signature)  
Pediatrician/general practitioner - family doctor

\_\_\_\_\_  
(surname, signature)

<b>VII. CARD OF PROPHYLACTIC EXAMINATION ON THE DEVELOPMENT OF A CHILD UNDER 3 YEARS</b>																			
Date of prophylactic examinations of the child by doctors and observations of the patronage nurse																			
Specialty of the doctor		Child's age at examination																	
		months of the 1st year of life												quarters of the 2nd year of life				half-year of the 3rd year of life	
		1	2	3	4	5	6	7	8	9	10	11	12	I	II	III	IV	I	II
		Date of child's examination																	
1. Pediatrician/general practitioner - family doctor	at hospital																		
	at home																		
2. Orthopedist-traumatologist																			
3. Neurologist																			
4. Ophthalmologist																			
5. Dentist																			
Patronage nurse at home																			
VIII. PROPHYLAXIS AND TREATMENT OF RACHITIS										IX. GYMNASTICS AND MASSAGE									
Purpose of prescription	Prescription of vitamin D <sub>2</sub>					Ultraviolet radiation	Name of complex	Age	Date of prescription	Completion mark									
	type of medicine	single dose and frequency of administration	date of prescription	date of withdrawal	total for the course														
Prophylactic							1 complex	1,5-3 months											
							2 complex	3-4 months											
							3 complex	4-6 months											
Therapeutic							4 complex	6-9 months											
							5 complex	9-12 months											

### X. CARD OF VACCINATION AND REACTIONS TO VACCINATION

#### 1. PLANNED VACCINATIONS

Vaccination against		Date vaccination	Age of child	Dose	Series	Reaction	
						local	general
1		2	3	4	5	6	7
Tuberculosis	Vaccination						
	Revaccination I						
	Revaccination II						
Poliomyelitis	Vaccination	1-st vaccination					
		2-nd vaccination					
		3-rd vaccination					
	1-st revaccination						
	2-nd revaccination						
	3-rd revaccination						
	4-th revaccination						
Diphtheria, pertussis, tetanus (DPT)	Vaccination	1-st vaccination					
		2-nd vaccination					
		3-rd vaccination					
	1-st revaccination						
Diphtheria, tetanus (DT)	2-nd revaccination						
	3-rd revaccination						
	4-th revaccination						
Measles, mumps, rubella (name of product)	1-st vaccination						
	2-nd vaccination						

#### 2. UNPLANNED VACCINATIONS

Hepatitis B vaccination	1-st vaccination						
	2-nd vaccination						
	3-rd vaccination						

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Name of test		Date of the event	Age of child	Dose	Series	Result	3. MEDICAL CONTRAINDICATIONS TO VACCINATION		
							Name of vaccination	Vaccination postponement	
1	2	3	4	5	6	date		reason	indicate the term
Mantoux reaction	1								
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
Other vaccinations	Date of the event	Age of child	Dose	Series	Name of vaccine		Reaction		
							local	general	
(surname and signature of the health worker who fills in this section)									

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

<b>XI. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILD OF THE 1ST YEAR OF LIFE</b>						
Date of examination						
Age of child	1 month	2 months	3 months	4 months	5 months	6 months
Weight						
Height						
Chest circumference						
Head circumference, size of large fontanel						
Nutritional status						
Physical development						
Neuropsychological development						
Examination of pediatrician/ general practitioner - family doctor						
Examination of neurologist						
Examination of ophthalmologist						
Examination of orthopedist- traumatologist						
Conclusion, prescription						
Doctor (surname, signature)						



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<b>XI. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILD OF THE 1ST YEAR OF LIFE</b>						
Date of examination						
Age of child	7 months	8 months	9 months	10 months	11 months	12 months
Weight						
Height						
Chest circumference						
Head circumference, size of large fontanel						
Nutritional status						
Physical development						
Neuropsychological development						
Examination of pediatrician/ general practitioner - family doctor						
Examination of neurologist						
Examination of ophthalmologist						
Examination of orthopedist-traumatologist						
Hemoglobin						
Conclusion, prescription						
Doctor (surname, signature)						

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<b>XII. STAGE EPICRISES FOR THE 1ST YEAR OF LIFE</b>					
Short anamnesis					
General conclusions	In 1 month date _____	In 3 months date _____	In 6 months date _____	In 9 months date _____	In 12 months date _____
Type of feeding					
Number of teeth	*	*			
Size of large fontanel					
Level of physical development (assessment)					
Level of neuropsychological development (assessment)					
Acute diseases in anamnesis					
Hemoglobin					
Chronic diseases					
Conclusion on the state of health					
Doctor (surname, signature)					

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<b>XIII. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN OF THE 2ND AND 3TH YEARS OF LIFE</b>						
	Quarters of the 2nd year of life				Half-year of the 3rd year of life	
Date of examination						
Weight						
Height						
Chest circumference						
Head circumference						
Nutritional status						
Physical development						
Neuropsychological development						
Examination of pediatrician/ general practitioner - family doctor						
Examination of orthopedist- traumatologist						
Examination of dentist						
Examination of ophthalmologist						
Laboratory tests: blood (total, sugar), urine, feces (worm eggs)						
Conclusion, prescription						
Doctor (surname, signature)						

<b>XIV. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN FROM 4 TO 7 YEARS OLD (6 years 11 months 29 days)</b>				
	4 years	5 years	6 years	7 years
Date of examination				
Weight				
Height				
Physical development, chest circumference				
Neuropsychological development				
Examinations of: pediatrician/ general practitioner - family doctor				
pediatric surgeon				
orthopedist-traumatologist				
ophthalmologist				
otolaryngologist				
neurologist				
speech therapist				
dentist				
Laboratory tests: blood (total, sugar), urine, feces (worm eggs)				
Admission to PT classes (group)				
Conclusion, prescription				
Doctor (surname, signature)				

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

<b>XV. PROPHYLACTIC EXAMINATIONS AND EXAMINATION RESULTS FOR CHILDREN FROM 8 TO 12 YEARS OLD (11 years 11 months 29 days)</b>					
	8 years	9 years	10 years	11 years	12 years
Date of examination					
Weight					
Height					
Physical development, chest circumference					
Neuropsychological development					
Blood pressure					
Examinations of: pediatrician/ general practitioner - family doctor					
pediatric surgeon					
orthopedist-traumatologist					
ophthalmologist					
otolaryngologist					
neurologist					
dentist					
Laboratory tests: blood (total, sugar), urine, feces (worm eggs)					
Admission to PT classes (group)					
Conclusion, prescription					
Doctor (surname, signature)					

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<b>XVI. PROPHYLACTIC EXAMINATION AND RESULTS OF EXAMINATION FOR CHILDREN UNDER 17 YEARS (inclusive)</b>					
	13 years	14 years	15 years	16 years	17 years
Date of examination					
Weight					
Height					
Physical development, chest circumference					
Neuropsychological development					
Blood pressure					
Examinations of: pediatrician/ general practitioner - family doctor					
pediatric surgeon					
orthopedist-traumatologist					
neurologist					
endocrinologist					
ophthalmologist					
otolaryngologist					
dentist					
pediatric and adolescent gynecologist					
psychologist					
Laboratory tests: blood (total, sugar), urine, feces (worm eggs)					
Fluorographic data	*	*			
Admission to PT classes (group)					
Conclusion, prescription					
Doctor (surname, signature)					

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

<b>XVII. STAGE EPICRISES FOR CHILDREN UNDER 17 YEARS (inclusive)*</b>	
3 years	
6 years	
12 years	
15 years	
17 years	
*Each record is followed by a doctor's signature with surname and date.	

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<b>XVIII. CURRENT OBSERVATION SHEET*</b>			
Date and place of examination	Anamnesis, data on physical development, clinical data, conclusions of specialists	Diagnosis	Prescription**
1	2	3	4
* 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.			

<b>XIX. SHEET OF CURRENT OBSERVATIONS OF THE CHILD BY PATRONAGE NURSE</b>				
Date of visit	Sequence number of patronage	Age of child	Purpose of the visit (patronage, fulfillment of doctor's prescriptions, invitations to vaccination, etc.)	Prescription checklist, tips etc.
1	2	3	4	5

<b>PLACE FOR ADDITION OF ANALYSIS AND MEDICAL ORDERS</b>



## 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 _____ _____ _____																		
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3. Postal address of residence: region _____, district _____, locality _____, street _____, bld. No. _____, bloc No. _____, apt. No. _____ Notes on address change _____																		
<b>4. Vaccination against tuberculosis</b>																		
<b>Type of vaccination</b>	<b>Age</b>	<b>Date</b>	<b>Dose</b>	<b>Series</b>	<b>Reaction to vaccination (local)</b>	<b>Medical contraindications (date, reason)</b>												
Vaccination																		
Re-vaccination																		

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

<b>5. Vaccination against poliomyelitis</b>								
Type of vaccination	Age	Date	Dose	Series	Reaction to vaccination (local)	Medical contraindications (date, reason)		
Vaccination								
Re-vaccination								
<b>6. Vaccination against diphtheria, pertussis, tetanus</b>								
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	
Vaccination								
Re-vaccination								

<b>7. Vaccination against measles, mumps, rubella</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

<b>8. Vaccination against hemolytic infection</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

<b>9. Vaccination against Hepatitis B</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

<b>10. Vaccination against other infections</b>								
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	

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.

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

<p>Name of the Ministry, other Executive Body, enterprise, institution, organisation under jurisdiction to which the healthcare institution belongs _____</p> <p>_____</p> <p>Name and location (full postal address) of the institution whose responsible persons filled in vaccination card _____</p> <p>_____</p> <p>EDRPOU identification code</p> <table border="1" data-bbox="516 640 889 688"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																<p><b>MEDICAL RECORDS</b></p> <p>Primary records form No. 063/o</p> <p><b>APPROVED</b></p> <p>The Order of MoH of Ukraine</p> <table border="1" data-bbox="1084 640 1567 688"><tr><td>1</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td><td>0</td><td>6</td><td>No.</td><td>1</td><td> </td><td> </td></tr></table>	1	0	0	1	2	0	0	6	No.	1		
1	0	0	1	2	0	0	6	No.	1																			
<p align="center"><b>CARD OF VACCINATION</b></p> <p>Registered _____ Date of filling _____ (day, month, year) (day, month, year)</p>																												
<p>Name of children's institution (for organised children) _____ Precinct number _____</p> <p>1. Full name _____</p> <p>2. Date of birth _____ 3. Sex: male – 1, female – 2 <input type="checkbox"/></p> <p>(day, month, year)</p> <p>4. Postal address of residence: region _____, district _____, locality _____, street _____, bld. No. _____, bloc No. _____, apt. No. _____</p> <p>5. Lives in: city – 1, village – 2 <input type="checkbox"/></p> <p>Notes on address change _____</p>																												

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

<b>6. Vaccination against tuberculosis</b>												
Type of vaccination	Age	Date	Dose	Series	Reaction to vaccination (local)			Medical contraindications (date, reason)				
Vaccination												
Re-vaccination												
<b>7. Poliomyelitis vaccination</b>												
Vaccination				Re-vaccination								Medical contraindications (date, reason)
Age	Date	Dose	Series	Age	Date	Dose	Series	Age	Date	Dose	Series	
<b>8. Vaccination against diphtheria, pertussis, tetanus</b>												
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)				
						general	local					
Vaccination												
Re-vaccination												

<b>9. Measles vaccination</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

  

<b>10. Mumps vaccination</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

  

<b>11. Rubella vaccination</b>						
Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
				general	local	

  

<b>12. Hepatitis B vaccination</b>								
Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	
Vaccination								

  

<b>13. Other vaccinations</b>								

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

Type of vaccination	Name of vaccine	Age	Date	Dose	Series	Reaction to vaccination		Medical contraindications (date, reason)
						general	local	

**14. Tuberculin skin tests**

Age	Date	Dose	Series	Result	Age	Date	Dose	Series	Result	Age	Date	Dose	Series	Result

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.

## Appendix 4: Vaccine names in English and Ukrainian

Vaccine code/ Код вакцини	Vaccine code reference book	Довідник кодів вакцин
	Name	Назва препарату
MenC_conj	Meningococcal Conjugate Type C Vaccine	Кон'югована вакцина для профілактики менінгокової інфекції серогрупи С
DTP-IPV	Combined diphtheria, tetanus, acellular pertussis, inactivated poliovirus vaccine (DTP-IPV)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку та поліомієліту (інактивована) (АКДП+ІПВ)
Measles	Measles vaccine	Вакцина для профілактики кору
CHOLERA	Cholera vaccine	Вакцина для профілактики холери
DTaP-Hib	Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae vaccine (DTaP-Hib)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент) та гемофільної інфекції (АаКДП+НІВ)
YF	Yellow fever vaccine	Вакцина проти жовтої лихоманки
DTaP	Combined diphtheria, tetanus, acellular pertussis vaccine (DTaP)	Комбінована вакцина для профілактики дифтерії, правця, кашлюка з ацелюлярним кашлюковим компонентом (АаКДП)
JE_Inactd	Inactivated Japanese encephalitis vaccine	Інактивована вакцина для профілактики японського енцефаліту
Varicella	Varicella vaccine	Вакцина проти вітряної віспи
Rabies	Rabies vaccine	Вакцина проти сказу
HepB	Hepatitis B vaccine	Вакцина для профілактики гепатиту В
MenAC	Meningococcal A and C vaccine	Вакцина для профілактики менінгокової інфекції серогруп А та С
HPV	Human papillomavirus vaccine	Вакцина для профілактики інфекції, викликані вірусом папіломи людини
Anthrax	Anthrax vaccine	Вакцина для профілактики сибірської виразки
TdIPV	Combined tetanus, diphtheria toxoid with reduced amount of antigen, inactivated poliovirus vaccine (TdIPV)	Комбінований правцевий та дифтерійний анатоксин із зменшеним вмістом антигену з інактивованою вакциною проти поліомієліту (АДП-М+ІПВ)
DTaPHepBIPV	Combined diphtheria, tetanus, acellular pertussis, hepatitis B, poliovirus vaccine (DTaPHepBIPV)	Комбінована вакцина для профілактики дифтерії, правця, коклюшу (ацелюлярний компонент), гепатиту В та поліомієліту (АаКДП+ГепВ+ІПВ)
bOPV	Bivalent oral poliovirus vaccine (bivalent OPV)	Бівалентна оральна поліомієлітна вакцина (бівалентна ОПВ)
TBE	Tick-borne encephalitis vaccine	Вакцина проти вірусу кліщового енцефаліту
SarsCov2_DNA	Coronavirus vaccine on DNA platform	Вакцина від коронавірусної хвороби на платформі ДНК
DTaPHibIPV	Combined diphtheria, tetanus, acellular pertussis, haemophilus influenzae, inactivated poliovirus vaccine (DTaPHibIPV)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент), гемофільної інфекції та поліомієліту (інактивована) (АаКДП+НІВ+ІПВ)
HepA	Hepatitis A vaccine	Вакцина для профілактики гепатиту А
DT	Diphtheria-tetanus toxoids (DT) - combined diphtheria and tetanus vaccine	Анатоксин дифтерійно-правцевий (АДП) - комбінована вакцина для профілактики дифтерії та правця
Pneumo_ps	Pneumococcal polysaccharide vaccine	Пневмококова полісахаридна вакцина
Rubella	Rubella vaccine	Вакцина для профілактики краснухи
SarsCov2_RVv	Coronavirus replicating vector vaccine	Вакцина від коронавірусної хвороби на платформі вірусного вектора зі здатністю до реплікації
HIB	Haemophilus influenza vaccine	Вакцина для профілактики гемофільної інфекції
MenBC	Meningococcal B and C vaccine	Вакцина для профілактики менінгокової інфекції серогрупи В і серогрупи С
aP	Acellular pertussis vaccine	Ацелюлярна вакцина проти кашлюку
HibMenC	Haemophilus influenza B & meningococcal C vaccine	Вакцина для профілактики гемофільної інфекції типу В та менінгоку С
MMR	Measles, mumps and rubella vaccine (MMR)	Вакцина для профілактики кору, паротиту, краснухи (КПК)
Leptospirosis	Leptospirosis vaccine	Вакцина для профілактики лептоспірозу



HepAHepB	Hepatitis A and hepatitis B vaccine	Вакцина для профілактики гепатиту А та гепатиту В
Mumps	Mumps vaccine	Вакцина для профілактики паротиту
TdaP	Combined tetanus, acellular pertussis, diphtheria with reduced amount of antigen (TdaP)	Комбінована вакцина для профілактики кашлюку з ацелюлярним кашлюковим компонентом, дифтерії, правця, із зменшеним вмістом антигену (АаКДП-М)
DTwPHib	Combined whole-cell pertussis, diphtheria, tetanus, haemophilus influenzae vaccine (DTwPHib)	Комбінована вакцина для профілактики кашлюку з цільноклітинним кашлюковим компонентом, дифтерії, правця та гемофільної інфекції (АКДП+НІВ)
DTaPHibHepBIPV	Hexavalent diphtheria, tetanus, acellular pertussis, haemophilus influenzae, hepatitis B, inactivated poliovirus vaccine (DTaPHibHepBIPV)	Шестивалентна вакцина для профілактики дифтерії, правця, кашлюка (ацелюлярний компонент), гемофільної інфекції, гепатиту В, та поліомієліту (інактивована) (АаКДП+НІВ+ГепВ+ІПВ)
DTaPIPV	Combined diphtheria, tetanus, acellular pertussis, inactivated poliovirus vaccine (DTaPIPV)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент) та поліомієліту (інактивована) (АаКДП+ІПВ)
MenA_conj	Meningococcal conjugate type A vaccine	Кон'югована вакцина для профілактики менінгококової інфекції серогрупи А
JE_Rec	Recombinant Japanese encephalitis vaccine	Рекомбінована вакцина для профілактики японського енцефаліту
BCG	Vaccine for the prevention of tuberculosis (BCG)	Вакцина для профілактики туберкульозу (БЦЖ)
Influenza	Influenza vaccine	Вакцина для профілактики грипу
MM	Combined mumps and measles vaccine	Комбінована вакцина для профілактики кору та паротиту
TT	Tetanus toxoid	Правцевий анатоксин
SarsCov2_RNA	Coronavirus vaccine on RNA platform	Вакцина від коронавірусної хвороби на платформі РНК
SarsCov2_Rc_lp	Coronavirus vaccine on recombinant coronavirus-like particle platform	Вакцина від коронавірусної хвороби на платформі рекомбінантної коронавірусно-подібної частинки
SarsCov2_Inact	Coronavirus vaccine on the platform of inactivated virus	Вакцина від коронавірусної хвороби на платформі інактивованого вірусу
DTwPHibHepBIPV	Combined diphtheria, tetanus, whole-cell pertussis, haemophilus influenzae, hepatitis B, poliovirus vaccine (DTwPHibHepBIPV)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку (цільноклітинний компонент), гемофільної інфекції, гепатиту В та поліомієліту (АКДП+НІВ+ГепВ+ІПВ)
Typhoid_conj	Typhoid conjugate vaccine	Кон'югована вакцина для профілактики черевного тифу
DTaPHepB	Combined diphtheria, tetanus, acellular pertussis, hepatitis B vaccine (DTaPHepB)	Комбінована вакцина для профілактики дифтерії, правця, кашлюку (ацелюлярний компонент) та гепатиту В (АаКДП+ГепВ)
DTwPHibHepB	Pentavalent diphtheria, tetanus, pertussis (whole cell component), haemophilus influenzae, hepatitis B vaccine (DTwPHibHepB)	П'ятивалентна вакцина для профілактики дифтерії, правця, кашлюку (цільноклітинний компонент), гемофільної інфекції та гепатиту В (АКДП+НІВ+ГепВ)
Plague	Plague vaccine	Вакцина для профілактики бубонної чуми
TdaPIPV	Combined acellular pertussis, diphtheria, tetanus with reduced amount of antigen with inactivated poliovirus vaccine (TdaPIPV)	Комбінована вакцина для профілактики кашлюку з ацелюлярним кашлюковим компонентом, дифтерії, правця, із зменшеним вмістом антигену та поліомієліту (інактивована) (АаКДП-М+ІПВ)
DTwPHepB	Combined pertussis (whole cell component), diphtheria, tetanus, hepatitis B vaccine (DTwPHepB)	Комбінована вакцина для профілактики кашлюку з цільноклітинним кашлюковим компонентом, дифтерії, правця та гепатиту В (АКДП+ГепВ)
SarsCov2_Pr	Coronavirus vaccine on the platform of the protein subunit	Вакцина від коронавірусної хвороби на платформі білкової субодиниці
VIPS	Typhoid Polysaccharide Vaccine	Полісахаридна вакцина для профілактики черевного тифу
Pneumo_conj	Pneumococcal conjugate vaccine	Пневмококова кон'югована вакцина
MR	Combined measles and rubella vaccine (MR)	Комбінована вакцина для профілактики кору та краснухи (КК)
MenB	Meningococcal B vaccine	Вакцина для профілактики менінгококової інфекції серогрупи В
SarsCov2_nRVv	Coronavirus vaccine on the platform of the non-replicating vector vaccine	Вакцина від коронавірусної хвороби на платформі вірусного вектора без здатності до реплікації

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

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

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