**![A picture containing envelope, stationary  Description automatically generated](data:application/xhtml+xml;base64...) Message Sheet**

To be completed by School Staff and given to the Lead Nurse before the Vaccination Session commences.

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| --- | --- | --- | --- |
| Name of Child | Yr. Group | Time message received and from whom.  | Message |
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**-----------------------------------------------------------------------------------------------For immunisation team use only**

Messages checked Initial box when checked with attending staff member.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| R | Yr. 1 | Yr. 2 | Yr. 3 | Yr. 4 | Yr. 5 | Yr. 6 | Yr. 7 | Yr. 8 | Yr. 9 | Yr. 10 | Yr. 11  |