**C-CARD DISTRIBUTION FORM**

 

**2 packs can be given per visit for over 16’s**

**Only 1 pack per visit for under 16’s**

**Visit Number**

**Date of Registration**

**C-Card Number**
**U** – Under 16’s and Vulnerable
**O** – Over 16’s

14/09/19

**01332**

**U1332**

14/09/19

**VENUE: MONTH:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **C-CARD NUMBER** | **VISIT NUMBER** | **DISTRIBUTED BY****( Initials)** | **GDPR****APPROVAL** |
| **14/01/20** | **O1332** | **2 & 3****EXAMPLE** | **EM** | **√** |
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**PLEASE RETURN THIS FORM BY THE 5TH OF EACH MONTH TO:**Prevention Team, Sexual Health Service, Park House, Park Road, Cannock, WS11 1JN
Email:- mpftprevention@nhs.net or telephone 0300 124 5022 option 4

