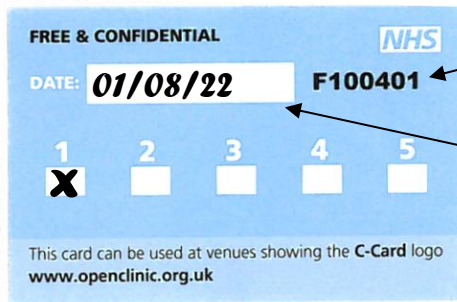


C-CARD DISTRIBUTION FORM



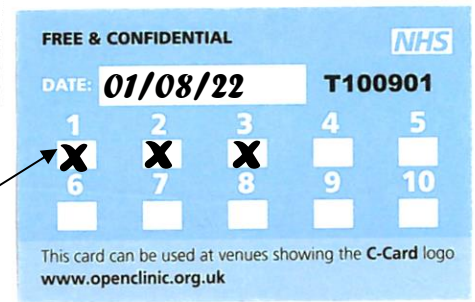
C-Card Number

F – Under 16s

T – Over 16s

Date of Registration

Visit Number



VENUE:

MONTH:

	DATE	C-CARD NUMBER	VISIT NUMBER	DISTRIBUTED BY (Initials)
	01/09/22	T100901	2 & 3 EXAMPLE	TB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE RETURN THIS FORM BY THE 5TH OF EACH MONTH TO: sexualhealthprevention@mpft.nhs.uk