

**APPENDIX D**

**HAMPSHIRE FAMILY HEALTH SERVICES AUTHORITY**

**CHILD HEALTH SURVEILLANCE ACCREDITATION**

**STATEMENT BY FHSA**

This form certifies that \_\_\_\_\_

of \_\_\_\_\_

\_\_\_\_\_

Is now on the Child Health Surveillance List having satisfied all the criteria for entry. The FHSA encourages all those accredited in Child Health Surveillance to maintain their competence by regular refresher education.

\_\_\_\_\_  
DR M. PARSONS  
MEDICAL ADVISER FOR HAMPSHIRE FHSA

**STATEMENT BY GENERAL PRACTITIONER**

"I hereby certify that I am familiar with the content of the CHS programme and competent to carry out all the associated procedures and examinations. I will maintain my competence by engaging in appropriate refresher education. I will supervise the CHS programme for all patients registered with me for the service and ensure that the full core programme is carried out either by myself or by a competent member of the Primary Health Care Team".

\_\_\_\_\_

NAME IN BLOCK CAPITALS: \_\_\_\_\_

(Please retain one copy and return a signed copy which will complete the accreditation process).