CHILD IMMUNIZATION CARD

Name of child's parent:	
Name:	Sex: Male 🗆 Female 🗆
Birth date:/ month / Hour: // minute /	/ day // /
Registration No:	

NATIONAL ROUTINE VACCINATION SCHEDULE

Immunization age Vaccine	Within 24 hours after birth	2 months	3 months	4 months	9 months	2 years (24 months)	7 years	15 years
TB	*							
Hepatitis b	*							
Polio	*	*	*	*				
Penta (diphtheria, tetanus, pertussis+ Hepatitis B+ Haemophilus Influenza B)		*	*	*				
Measles – mumps – rubella					*	*		
Diphtheria, pertussis							*	*

1. Vaccination against TB

Vaccination for	orm			V	accination d	lone		Detected Vaccine reaction state				Tuberculin test					
		Age	Date	Dose	Vaccine serial No.	Immunization unit	Vaccinator	Reaction	Complication	1 month /mm/	3 month /mm/	12 month /mm/	Test name	Date injected	Date checked	Test result	Vaccinator name
Initial	1																
	dose																
Supplementary	1																
vaccination	dose																I

2. Vaccination against Hepatitis B

Vaccinatio	n form				Va	ccination done:				Date for		Detected
		Age	Date	Hour, minute	Dose	Vaccine se	erial	Immunization unit	Vaccinator name	next dose	Reaction	Complication
						No.						
Initial	0 dose											
Supplementary vaccination	0 dose											

3. Vaccination against Polio

Vaccination	form				Vaccina	tion done			Date for next dose	De	tected
		Age	Date	Dose	Vaccine	serial	Immunization unit	Vaccinator name		Reaction	Complication
					No.						
	0 dose										
Initial	1 dose										
	2 dose										
	3 dose										
Supplementary	1 dose										
vaccination	2 dose										
	3 dose										
	1 dose										
Additional	2 dose										
	1 dose										
Epidemiology	2 dose										

4. Vaccination against diphtheria, tetanus, pertussis+ Hepatitis B+ Haemophilus Influenza B

Vaccination	form	Vaccination done:							Date for next dose	Detected		
		Age	Date	Dose	Vaccine No.	serial	Immunization unit	Vaccinator name		Reaction	Complication	
	1 dose											
Initial	2 dose											
	3 dose											
Supplementary vaccination	1 dose											
vaccination	2 dose											
	3 dose											

5. Vaccination against measles + mumps + rubella

Vaccination	form		Vaccination done:							De	tected
		Age	Date	Dose	Vaccine No.	serial	Immunization unit	Vaccinator name		Reaction	Complication
	1 dose										
Initial	2 dose										
Supplementary	1 dose										
vaccination	2 dose										
Additional	1 dose										
Epidemiology											

6. Vaccination against diphtheria, pertussis

Vaccination	form				Vaccinat	tion done			Date for next dose	De	tected
I		Age	Date	Dose	Vaccine	serial	Immunization unit	Vaccinator name		Reaction	Complication
					No.						
Re-vaccination	1 dose										
/to boost immunity/	2 dose										
Supplementary	1 dose										
vaccination	2 dose										
	1 dose										
Epidemiology	2 dose										
Additional											

7. Other vaccinations

Vaccine	Vaccination				Vaccination	n done:		De	tected
name	form	Age	Date	Dose	Vaccine serial No.	Immunization unit	Vaccinator name	Reaction	Complication
	I	ĺ	1	ĺ		1			1