

IMMUNISATION RECORD

Name: _____ Date of Birth: _____

EPI Vaccination Program						
Age of Child	Disease	Vaccination Name EPI	Batch Number	Vaccination Date	HCP Signature	Return Date
At birth	Poliomyelitis	OPV-Merieux®(0)				
	Tuberculosis	BCG				
6 weeks	Poliomyelitis	OPV-Merieux®(1)				
	DTaP-IPV-Hib-HBV	Hexaxim® (1)				
	Rotavirus	Rotarix® (1)				
	Pneumococcal	Prevenar13®(1)				
10 weeks	DTaP-IPV-Hib-HBV	Hexaxim® (2)				
14 weeks	DTaP-IPV-Hib-HBV	Hexaxim® (3)				
	Rotavirus	Rotarix® (2)				
	Pneumococcal (3)	Prevenar13®(2)				
6 months	Measles	Measbio® (1)				
9 months	Pneumococcal	Prevenar13®(3)				
12 months	Measles	Measbio® (2)				
18 months	DTaP-IPV-Hib-HBV	Hexaxim® (4)				
5-6 years	Td	Diftavax® (6 years)				
9-14 years	Cervical Cancer (1)	Cervarix				
	Cervical Cancer (2)	Cervarix 2(at least 6 months after first dose)				
12 years	Td	Diftavax® vaccine				

Compiled by: Amayeza Info Services cc, Reg. No. 1999/044522/23
Vaccine helpline: 0860 160 160

Private Vaccination Program						
Age of Child	Disease	Vaccination Name Private	Batch Number	Vaccination Date	HCP Signature	Return Date
At birth	Poliomyelitis	OPV-Merieux® (0)				
	Tuberculosis	BCG				
6 - 8 weeks	Poliomyelitis	OPV-Merieux®(1)				
	DTaP-IPV-Hib-HBV	Hexaxim®1(1) or Infanrix Hexa® (1) Infanrix Hexa from 8weeks if no birth HBV given				
	Rotavirus	Rotarix® (1) or Rotateq®(1)				
	Pneumococcal	Prevenar13®(1) or Synflorix® (1)				
10 - 12 weeks	DTaP-IPV-Hib-HBV	Hexaxim®1 (2)				
	Rotavirus (if Rotateq used)	Rotateq® (2)				
	Pneumococcal (if Synflorix used)	Synflorix® (2)				
14 - 16 weeks	DTaP-IPV-Hib-HBV	Hexaxim® (3) or Infanrix hexa® (3)				
	Rotavirus	Rotarix® (2) or Rotateq (3)				
	Pneumococcal (3)	Prevenar13®(2) or Synflorix® (3)				
6 months	Measles	Measbio®				
From 9 months	Meningococcal	Menactra® (1)				
	Pneumococcal	Prevenar13(3)® or Synflorix® (4) at 9½ months (at least 6 months from 3rd dose)				
12 -15 months	Measles or Measles, Mumps, Rubella	Priorix® or Omzyla®(1)				
	Meningococcal	Menactra® (2) (at least 3 months from 1st dose)				
	Chickenpox	Varilrix® (1) or Onvara				
	Hepatitis A	Avaxim 80® or Havrix Jnr® (1)				
18 months	DTaP-IPV-Hib-HBV	Hexaxim® (4) or Infanrix Hexa® (4)				
	Hepatitis A	Avaxim 80® or Havrix Jnr® (2) (at least 6 months from 1st dose)				
5-6 years	DTaP-IPV or Tdap-IPV	Tetraxim® or Adacel Quadra® or Boostrix tetra®				
	Measles, Mumps, Rubella (MMR)	Priorix® or Omzyla®(2)				
	Chickenpox	Varilrix® (2)				
9 - 14 years	Cervical Cancer (1)	Cervarix® or Gardasil® (from 9 years)				
	Cervical Cancer (2)	Cervarix® or Gardasil® (at least 6 months after first dose)				
12 years	Tdap or Tdap-IPV	Boostrix® or Adacel Quadra® or Boostrix tetra®				

Compiled by: Amayeza Info Services cc, Reg. No. 1999/044522/23
Vaccine helpline: 0860 160 160