

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				