

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(0)				
	Tuberculosis	BCG				
	Hep B (only for babies born to Hep B pos mothers)	Hep B SII*				
6 weeks	Poliomyelitis	OPV(1)				
	DTaP-IPV-Hib-HBV	Hexaxim® (1)				
	Rotavirus	Rotarix® (1)				
	Pneumococcal	PCV-10 Cipla®(1)				
10 weeks	DTaP-IPV-Hib-HBV	Hexaxim® (2)				
14 weeks	DTaP-IPV-Hib-HBV	Hexaxim® (3)				
	Rotavirus	Rotarix® (2)				
	Pneumococcal	PCV-10 Cipla®(2)				
6 months	Measles-Rubella	MR SII* (1)				
9 months	Pneumococcal	PCV-10 Cipla®(3)				
12 months	Measles-Rubella	MR SII* (2)				
18 months	DTaP-IPV-Hib-HBV	Hexaxim® (4)				
6 years	Tdap	Adacel® (6 years)				
9-14 years	Human Papilloma Virus (1)	Cervarix®				
	Human Papilloma Virus (2)	Cervarix® (2) (at least 6 months after first dose)				
12 years	Tdap	Adacel®				

Compiled by: Amayeza Info Services cc, Reg. No. 1999/044522/23  
Vaccine helpline: 0860 160 160 (2024)

IMMUNISATION RECORD						
Name: _____ Date of Birth: _____						
Private Vaccination Program						
Age of Child	Disease	Vaccination Name Private	Batch Number	Vaccination Date	HCP Signature	Return Date
At birth	Poliomyelitis	OPV (0)				
	Tuberculosis	BCG				
	Hep B (only for babies born to Hep B pos mothers)	Hep B SII* or Euvax® or Engerix B® or Heberbio®				
6 or 8 weeks	Poliomyelitis	OPV(1)				
	DTaP-IPV-Hib-HBV	Hexaxim®(1) or Infanrix Hexa® (1) Infanrix Hexa® from 8 weeks if no birth HBV given				
	Rotavirus	Rotarix® (1) or Rotateq®(1)				
	Pneumococcal	Prevenar13® or Synflorix® or PCV-10 Cipla®				
At least 4 weeks after previous dose (10 or 12 weeks)	DTaP-IPV-Hib-HBV	Hexaxim® (2) or Infanrix Hexa® (2)				
	Rotavirus (if Rotateq used)	Rotateq® (2)				
	Pneumococcal (if using 3+1 schedule)	Prevenar13® or Synflorix® or PCV-10 Cipla®				
At least 4 weeks after previous dose (14 or 16 weeks)	DTaP-IPV-Hib-HBV	Hexaxim® (3) or Infanrix hexa® (3)				
	Rotavirus	Rotarix® (2) or Rotateq® (3)				
	Pneumococcal	Prevenar13® or Synflorix® or PCV-10 Cipla®				
6 months	Measles or Measles, Rubella	Measbio® or Cipla Measles®				
From 9 months	Meningococcal	Menactra® (1)				
	Pneumococcal	Prevenar13® if using 2+1 schedule. (Do not give Prevenar 13® if using 3+1 schedule) or PCV-10 Cipla® or Synflorix® at 9½ months (at least 6 months from previous dose)				
12 -15 months	Measles, Measles Rubella or Measles, Mumps, Rubella	Measbio®, Cipla Measles®, MR SII®, Priorix® or Omztyta®(1)				
		Menactra® (2) (at least 3 months from 1st dose)				
	Chickenpox	Varilrix® (1) or Onvara®				
	Hepatitis A	Avaxim 80®(1) or Havrix Jnr® (1)				
	Pneumococcal	Prevenar13® (If using 3+1 schedule)				
18 months	DTaP-IPV-Hib-HBV	Hexaxim® (4) or Infanrix Hexa® (4)				
	Hepatitis A	Avaxim 80®(2) or Havrix Jnr® (2) (at least 6 months from 1st dose)				
5-6 years	DTaP-IPV or Tdap-IPV or Tdap	Tetraxim® or Adacel Quadra® or Boostrix tetra® or Adacel® or Boostrix®				
	Measles, Mumps, Rubella (MMR)	Priorix® or Omztyta®(2)				
	Chickenpox	Varilrix® (2)				
9 - 14 years	Human Papilloma Virus (1)	Cervarix® or Gardasil® or Gardasil 9® (from 9 years)				
	Human Papilloma Virus (2)	Cervarix® or Gardasil® or Gardasil 9® (at least 6 months after first dose)				
12 years	Tdap or Tdap-IPV	Adacel® or Boostrix® or Adacel Quadra® or Boostrix tetra®				

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