

**IMMUNISATION RECORD**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

|              |   | <b>EPI Vaccination Program</b>                     |              |                  |               |             |
|--------------|---|--|--------------|------------------|---------------|-------------|
| Age of Child | Disease   | Vaccination Name<br>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®  |              |                  |               |             |