

IMMUNISATION RECORD

Name: _____ Date of Birth: _____

		<i>Private Vaccination Program</i>				
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 Omzyta®(1)				
	Meningococcal	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 Omzyta®(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®				