

# 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®				
12 years	Tdap	Adacel®				

**Vaccine helpline: 0860 160 160**