

CHECK

regularly whether you and your family have all the vaccines you need.

CHILD VACCINATION CARD							
FULL NAME:				ID NUMBER:		DATE OF BIRTH:	
MOTHER'S NAME:							
CONTACT INFORMATION:							
MEDICAL REMARKS (KNOWN ALLERGIES, VACCINE REACTIONS, IMPORTANT MEDICAL HISTORY):							
SCHEDULE	VACCINE ANTIGEN	DOSE NUMBER	DATE GIVEN	VACCINE TYPE AND BATCH NUMBER	ADMINISTERING PROFESSIONAL	PLACE OF VACCINATION	
Birth	Hepatitis B (Hep B)	1st Dose					
	Bacillus Calmette-Guérin (BCG)	1 Dose					
	Oral Poliovirus (OPV)	Zero Dose					
2 Months	Diphtheria, Tetanus Toxoid, Pertussis (DTP)	1st Dose					
	Haemophilus influenzae type b (Hib)	1st Dose					
	Hepatitis B (Hep B)	2nd Dose					
	Oral Poliovirus (OPV)	1st Dose					
	Pneumococcal Conjugate (PCV)	1st Dose					
	Rotavirus	1st Dose					
4 Months	Diphtheria, Tetanus Toxoid, Pertussis (DTP)	2nd Dose					
	Haemophilus influenzae type b (Hib)	2nd Dose					
	Oral Poliovirus (OPV)	2nd Dose					
	Pneumococcal Conjugate (PCV)	2nd Dose					
	Rotavirus	2nd Dose					
	Injectable Poliovirus (IPV)	1st Dose					
6 Months	Diphtheria, Tetanus Toxoid, Pertussis (DTP)	3rd Dose					
	Haemophilus influenzae type b (Hib)	3rd Dose					
	Hepatitis B (Hep B)	3rd Dose					
	Oral Poliovirus (OPV)	3rd Dose					
	Pneumococcal Conjugate (PCV)	3rd Dose					
	(Rotavirus)	3rd Dose					
12 Months	Measles/Mumps/Rubella (M/M/R)	1st Dose					
	Oral Poliovirus (OPV)	4th Dose					
18 Months	Measles/Mumps/Rubella (M/M/R)	2nd Dose					
	Diphtheria, Tetanus Toxoid, Pertussis (DTP)	Booster					
	Oral Poliovirus (OPV)	Booster					

Immunize for a healthy future
World Immunization Week 24 - 30 April 2014



World Health Organization

Regional Office for the Eastern Mediterranean