

KNOW

Vaccines help keep you and your family healthy. Ask at your health clinic to know which vaccines you need.



Antigen	Children (0-14 years)	Adolescents	Adults	Contraindications (see text)
BCG*	1 dose			None
Hepatitis B†	3-4 doses (see footnote for schedule options)	3 doses (for high-risk groups if not previously vaccinated) (see footnote)		None
Polio*	3-4 doses (see footnote for schedule options)			None
DTP*	3 doses	Booster (DT) (see footnote)	Booster (DT) in early adulthood or pregnancy	None
MM/PPV2†	Option 1: 3 doses, with DTP Option 2: 2 or 3 doses, with boosters at least 6 months after last dose			None
Pneumococcal Conjugate†	Option 1: 3 doses, with DTP Option 2: 2 doses before 6 months of age, plus booster dose at 9-12 months of age			None
Rotavirus†	2 doses with DTP Booster (DT) 3 doses with DTP			None
Measles†	2 doses			None
Rubella†	1 dose (see footnote)	1 dose (adolescent girls and/or child-bearing aged women if not previously vaccinated; see footnote)		None
HPV†		3 doses (girls)		None

Refer to: <http://www.who.int/immunization/documents/20100905/> for most recent version of this table and position paper.
This table summarizes the WHO child immunization recommendations. It is designed to assist the development of country specific schedules and is not intended for direct use by health care workers. Country specific schedules should be based on local epidemiologic, programmatic, resource and policy considerations.
While vaccines are universally recommended, some children may have contraindications to particular vaccines.

CHECK

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

FULL NAME:		DATE OF BIRTH:				
MOTHER'S NAME:		ID NUMBER:				
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)	1st 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)	2nd Dose				
4 Months	Pneumococcal Conjugate (PCV)	1st Dose				
	Rotavirus	1st Dose				
	Diphtheria, Tetanus, Toxoid, Pertussis (DTP)	2nd Dose				
	Haemophilus influenzae type b (Hib)	2nd Dose				
6 Months	Oral Poliovirus (OPV)	3rd Dose				
	Pneumococcal Conjugate (PCV)	2nd Dose				
	Rotavirus	2nd Dose				
	Injectable Poliovirus (IPV)	1st Dose				
12 Months	Diphtheria, Tetanus, Toxoid, Pertussis (DTP)	3rd Dose				
	Haemophilus influenzae type b (Hib)	3rd Dose				
	Hepatitis B (Hep B)	3rd Dose				
	Oral Poliovirus (OPV)	4th Dose				
18 Months	Pneumococcal Conjugate (PCV)	3rd Dose				
	Rotavirus	3rd Dose				
24 Months	Measles/Mumps/Rubella (MMR)	1st Dose				
	Oral Poliovirus (OPV)	5th Dose				
36 Months	Measles/Mumps/Rubella (MMR)	2nd Dose				
	Diphtheria, Tetanus, Toxoid, Pertussis (DTP)	Booster				
48 Months	Oral Poliovirus (OPV)	Booster				

PROTECT

Protect yourself and your family: get the vaccines you need, when they are needed.

