

Immunization & Health Record Card

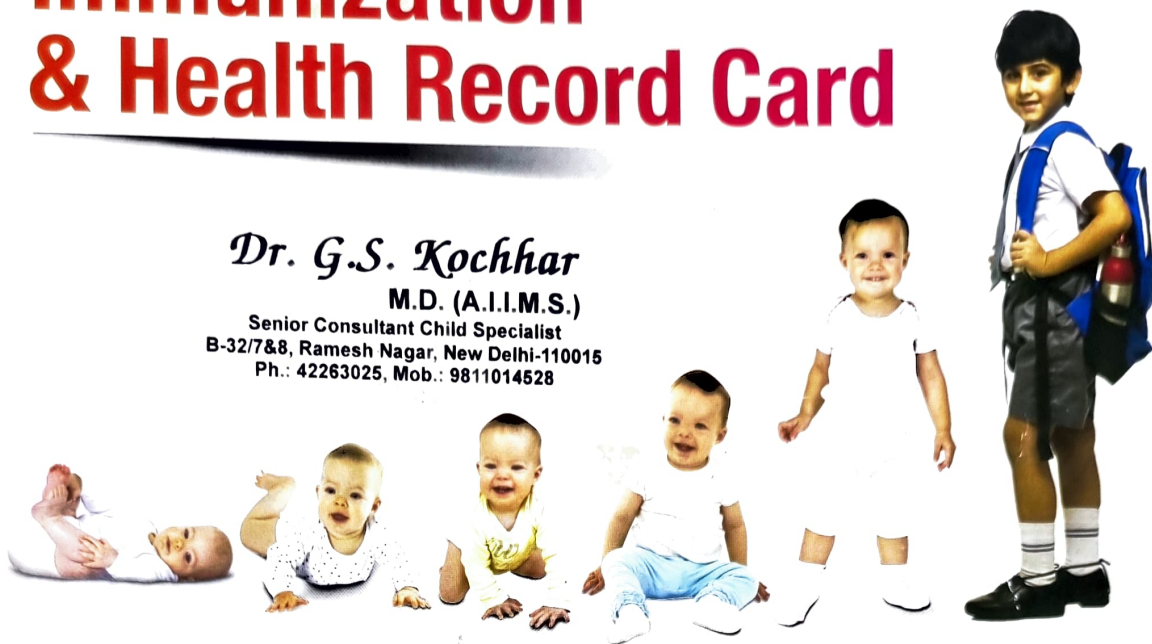
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• Step by step protection against
childhood infections is what the child needs.

Follow the steps of vaccinations.

Name: RIAN

Date of Birth: 13.2.23 Time of Birth: _____ Sex: M

Name of the Mother: SEETHA

Name of the Father: _____

Address: _____

Neonatal Status:

Birth Weight:

Length:

Head circumference:

Blood Group:

Remarks:

Immunization Table of IAP 2018¹

AGE	VACCINE	DUE ON	GIVEN ON	BATCH	WEIGHT	HEIGHT	HEAD CIRCUMFERENCE
Birth	BCG HB 1 OPV 0		28.2.23 14.2.23		4.1		36
6 weeks	HB 2 IPV 1 DTP 1 HiB 1 PCV 1 Rota 1	28.3.23	28.3.23 28.3.23 28.3.23 28.3.23	A21LE1311 FX1509.65 W00260	5.7	62	38
10 weeks	HB 3 IPV 2 DTP 2 HiB 2 PCV 2 Rota 2	17.4.23	28.3.23 2.5.23 2.5.25 2.5.23 29.5.23 2.5.23		6.8	65	40
14 weeks	HB 4 IPV 3 DTP 3 HiB 3 PCV 3 Rota 3****	3.7.23	16.6.23 16.6.23 16.6.23 16.6.23 3.7.23 16.6.23		7.9	66	40.5
6 months	TCV# Influenza (Yearly)***** MMR 1 MCV 1 Hep A1 MCV 2 JE 1 Cholera 1 & 2 JE 2 PCV B1 MMR 2 Varicella 1	10.8.23 12.8.23 13.11.23 18.12.23 15.2.24 15.3.24	11.8.23 15.8.23 18.11.23 18.12.23 17.2.23 10.4.24		8.6 8.8 9.2 9.5 10 10	67 71	42
10-18 months	IPV**** B1 PCV B1 i B1 A2***** MCV^ TCV DTP B2 MMR 3/ MMRV Varicella 2	9.7.24 25.5.24 25.5.24 10.8.24 11.9.24 15.2.24	10.7.24 8.6.24 8.6.24 10.8.24 10.8.24 18.2.23	Prevention TRESIX VARIPED inf tox.	11.2 10.7 11.2 11.4 13.5	85 90	
2-3 years	MCV^ TCV	15.2.24	18.2.23		13.5	90	
4-6 years	DTP B2 MMR 3/ MMRV Varicella 2						
9-14 years	PCV^ Tdap HPV 1 & 2						
15-18 years	Td HPV 1, 2, 3						

[illegible]

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