



Healthy  
Pilipinas

# Vaccination Card for School-age Children



Child's name:

Date of birth:

Vaccine Type	(Vaccination given)		
	Date	Date	Date
MR (Measles-Rubella)			
TD (Tetanus-Diphtheria)			
HPV* (Human Papilloma Virus)			
Others: _____			

Keep this card for future reference

\* For applicable areas only