

Republic of Kenya – Ministry of Health



Immunisation Permanent Register MOH 510

County:			
Sub County:			
Health Facility:			
KMHFL Code			
Facility Type:		Manning Agency:	
Start date:		End date:	

Revised April 2019

Column	DATA DEFINITIONS / EXPLANATIONS	
A	Date	Record the day the child reports to your health facility either as a first visit or re-visit (recorded as DD:MM:YY).
B	Serial Number	This is sequential Number that describes the workload of the facility from its inception written serially 1, 2,3....
C	Child's Number	This is the unique number given once for the lifetime of the child i.e. the child's Identity – ID in health
D	Child's Names	Record at least THREE names of the CHILD
E	Sex	This should be recorded as M for male and F for female
F	Date of Birth	Record the day the child was born or delivered as DD:MM:YY.
G	Date first Seen	Record the day the child is first seen at your health facility as DD:MM:YY.
H	Father's Full Names/Guardian	Record at least three names of the father or the guardian
I	Mother's Full Names/Guardian	Record at least three names of the mother or the guardian
J	Physical Address	This refers to client's physical address, vilage, Estate landmark
K	Telephone number	Telephone numbers for parents/guardians should be written in this column to enable tracing or follow-ups
L	BCG	Record the date immediately after the child receives BCG vaccination as DD:MM:YY.
M	Polio birth Dose	Record the date immediately after the child receives Polio birth dose vaccination as DD:MM:YY.
N	1st Polio	Record the date immediately after the child receives 1st Polio vaccination as DD:MM:YY.
O	2nd Polio	Record the date immediately after the child receives 2nd Polio vaccination as DD:MM:YY.
P	3rd Polio	Record the date immediately after the child receives 3rd Polio vaccination as DD:MM:YY.
Q	IPV	Record the date immediately after the child receives Inactivated Polio vaccination as DD:MM:YY.
R	DPT/Hep.B/ Hib.1	Record the date immediately after the child receives Penta 1 vaccination as DD:MM:YY.
S	DPT/Hep.B/ Hib.2	Record the date immediately after the child receives Penta 2 vaccination as DD:MM:YY.
T	DPT/Hep.B/ Hib.3	Record the date immediately after the child receives Penta 3 vaccination as DD:MM:YY.
U	Pneumococcal 1	Record the date immediately after the child receives Pneumococcal 1 vaccination as DD:MM:YY.
V	Pneumococcal 2	Record the date immediately after the child receives Pneumococcal 2 vaccination as DD:MM:YY.
W	Pneumococcal 3	Record the date immediately after the child receives Pneumococcal 3 vaccination as DD:MM:YY.
X	Rota1	Record the date immediately after the child receives Rota1 vaccination as DD:MM:YY.
Y	Rota2	Record the date immediately after the child receives Rota2 vaccination as DD:MM:YY.
Z	Vitamin A (6-11 months)	Record the dates Vitamin A (6 to 11 Months) was given as DD:MM:YY.
AA	MR1	Record the date immediately after the child receives Measles Rubella1 vaccination as DD:MM:YY.
AB	Yellow Fever	Record the date immediately after the child receives Yellow fever vaccination as DD:MM:YY.
AC	Fully Immunised	Record the date the child completes all antigens due at one year as DD:MM:YY..
AD	MR 2	Record the date immediately after the child receives Measles Rubella2 vaccination between 18months - 2Yrs as DD:MM:YY.
AE	Remarks	Record any comments for the individual child e.g. to follow-up

[illegible]