

## Immunization Regi...

Immunization Rec...

Monthly Returns

Exit

Are you entering a new or existing pat...

Existing Patient

New Patient

Return to ...



## Patient Search

First Name:

Age:

NHIS Number:

Last Name:

Gender:  ▼

Out Patient Number:

First Name	Last Name	Age	Gender	NHIS	OutPatientNum	
Kwaw	Aboah	45	Female	4888301	8157265	▲
Jojo	Farkyi	20	Male	90545231	30620172	
						▼

Cancel

Select

### Editing an Existing Patient

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Patient's Weight: (kg)

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Vaccines Recieved Today and Dosage:

<input type="checkbox"/> Vitamin A <input type="text"/>	<input type="checkbox"/> BCG <input type="text"/>	<input type="checkbox"/> Polio <input type="text"/>
<input type="checkbox"/> Penta <input type="text"/>	<input type="checkbox"/> Measles <input type="text"/>	<input type="checkbox"/> Yellow F <input type="text"/>
<input type="checkbox"/> CSM <input type="text"/>		

Does the patient use an ITN?  ▼

Has the patient experienced an adverse effect following vaccination?  ▼

Additional Remarks:

### Adding a New Patient

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Mother's Name: (first and last)

Number of deliveries mother has had: (include stillbirths)

Patient's Weight: (kg)

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Vaccines Recieved Today and Dosage:

<input type="checkbox"/> Vitamin A <input type="text"/>	<input type="checkbox"/> BCG <input type="text"/>	<input type="checkbox"/> Polio <input type="text"/>
<input type="checkbox"/> Penta <input type="text"/>	<input type="checkbox"/> Measles <input type="text"/>	<input type="checkbox"/> Yellow F <input type="text"/>
<input type="checkbox"/> CSM <input type="text"/>		

Does the patient use an ITN?  ▼

Has the patient experienced an adverse effect following vaccination?  ▼

Additional Remarks:

## Monthly Report

Enter Date (month, year)

**Month**

**Year**

Enter the Clinic, Region, and Metro

**Clinic**

**Region**

**Metro**

Fill in the following amount used for each field to generate a report

**Vit A**

**Polio**

**Penta**

**BCG**

**YF**

**Measles**

**CSM**

**AFEI**

**Wastage**

Fill in the following Safety Boxes information

**Safety Boxes**

**Disposed Pit**

**Disposed Incineration**

Cancel

Generate



## Monthly Report

Clinic:

Date: April 1, 2020

Region:

### Number of Vaccines Administered

Metro:

#### Number of BCG Vaccines Given:

0-11 months: 0  
12-23 months: 0  
24+ months: 2  
TOTAL: 2

#### Number of PENTA Vaccines Given:

##### 1st Dose:

0-11 months: 0  
12-23 months: 0  
24+ months: 1  
1ST DOSE TOTAL: 1

##### 2nd Dose:

0-11 months: 0  
12-23 months: 0  
24+ months: 0  
2ND DOSE TOTAL: 0

##### 3rd Dose:

0-11 months: 0  
12-23 months: 0  
24+ months: 0  
3RD DOSE TOTAL: 0

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