



Baby Health Record

Name of the Child : B/o Aarthy Date of Birth 4/5/20

Name of the Mother :

Home Address :

Doctor's Name : Dr. B. Ashwin Kumar

Please bring this record for every visit

Step by step protection against childhood infections is what your child needs. Follow the steps of vaccination your Doctor Advises you.

For details: Kachiguda - 733 733 6610 | Kukatpally - 733 733 6660

www.prathimahospitals.com

KACHIGUDA | KUKATPALLY 4345 4345

Immunization Record

| AGE | VACCINE | DUE DATE | GIVEN DATE | DATE RECEIVED |
|------------------|--------------------------------|----------|------------|---------------|
| Birth | BCG | | 6/5/20 | |
| | Hepatitis B | | | |
| | Oral Polio OR IPV | | | |
| 6 Weeks | DTP OR DTP + Hib + Prevenar | | 24/6/20 | |
| | Hepatitis B ₁ | | | |
| | Oral Polio OR IPV | | | |
| 10 Weeks | DTP OR DTP + Hib + Prevenar | | 3/8/20 | |
| | Oral Polio OR IPV <u>HepB2</u> | | | |
| 14 Weeks | DTaP OR DTP + Hib + Prevenar | | 3/9/20 | |
| | Oral Polio <u>HepB3</u> | | | |
| 6 Months | Hepatitis B | | | |
| | Oral Polio | | | |
| 9 - 12 Months | Measles | | | |
| 12 - 15 Months | Chicken Pox | | | |
| 15 - 18 Months | MMR | | | |
| 18 Months | DTaP OR DTP + Hib + Prevenar | | | |
| | Oral Polio OR IPV | | | |
| 2 Years | Typhoid <u>CvS</u> | | 6/3/20 | |
| | Hepatitis A | | 6/5/20 | |
| 2 Years 6 Months | Hepatitis A | | | |
| 4-5 Years | DTaP OR DTP + OPV | | | |
| | MMR | | | |
| | Typhoid every 3 years | | | |

Other Vaccines

| AGE | VACCINE | DUE DATE | GIVEN DATE | DATE RECEIVED |
|-----|------------|----------|------------|---------------|
| | Polv + RdS | | 3/8/20 | |
| | Polv + " → | 3/9/20 | 3/9/20 | |
| | " + " → | 4/10/20 | 5/10/20 | |

Please seek your doctor's advise regarding any other vaccines