

## SCHEDULE OF IMMUNIZATION

AGE	DOSE	VACCINE
<b>Paediatric Immunizations</b>		
Birth*	Birth Dose	Hepatitis B
2 Mths	1st	DPT/Hep B/Hib, Pneumococcal, IPV
4 Mths	2nd	DPT/Hep B/Hib, Pneumococcal, IPV
6 Mths	3rd	DPT/Hep B/Hib, Pneumococcal ,OPV
12 Mths	1st	Measles Mumps Rubella, Yellow Fever
18 Mths*	1st Booster	DPT, OPV, Pneumococcal
2 Years	2nd Booster	Measles Mumps Rubella
4-5 Years	2nd Booster	DPT, OPV
9-12 Years	Booster	Tetanus Diphtheria [Adult]
11-<15 Years	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus

### Adult Immunizations

9 Years +	Every 10 years	Tetanus Diphtheria
6 Mths +	Seasonal	Influenza
15-26 Yrs (M)	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus
15-45Yrs (F)	3rd	Human Papilloma Virus
2 Years +	As Indicated	Pneumococcal 23
2 Years +	As Indicated	Meningococcal
	As Indicated	Rabies
2 Years +	As Indicated	Varicella

### PARENTAL CONSENT

**I am informed and consent to the immunization of my child and/or myself.**

Name: .....

Parent/Guardian of: .....

Address: .....

Signature: ..... Date: .....



Government of the Republic of Trinidad and Tobago  
Ministry of Health

## KEEP THIS CARD

This Immunization Card is a lifetime record and Official Document of The Government of the Republic of Trinidad and Tobago. Please keep with other important documents [Birth Certificate, Passport] in a safe, dry place.

# IMMUNIZATION RECORD

First Middle Surname

Name: .....

Address: .....

.....

.....

Year Month Day M/F

Date of Birth: ..... Sex: .....

Name of Parent/Guardian: .....

.....

.....

Registered at: .....

Registration Number: .....

**THIS CARD IS YOURS FOR LIFE. KEEP IT SAFE!**



www.health.gov.tt



Ministry of Health-Trinidad and Tobago



TrinidadHealth



Moh\_TT

AGE	IMMUNIZATIONS	DATE	BATCH NO.	SIGNATURE
At Birth 7 DAYS	<input type="radio"/> Hep B			
2 MONTHS	<input type="radio"/> IPV 1			
	<input type="radio"/> DPT/Hep B/HIB 1			
	<input type="radio"/> Paed DT 1			
	<input type="radio"/> Pneumococcal 1			
4 MONTHS	<input type="radio"/> IPV 2			
	<input type="radio"/> DPT/Hep B/HIB 2			
	<input type="radio"/> Paed DT 2			
	<input type="radio"/> Pneumococcal 2			
6 MONTHS	<input type="radio"/> OPV 3			
	<input type="radio"/> DPT/Hep B/HIB 3			
	<input type="radio"/> Paed DT 3			
	<input type="radio"/> Pneumococcal 3			
1 YEAR	<input type="radio"/> MMR 1			
	<input type="radio"/> YFV			
1 1/2 YEARS	<input type="radio"/> OPV Booster 1			
	<input type="radio"/> DPT/Paed Dt Booster 1			
	<input type="radio"/> Pneumococcal Booster			
2 YEARS	<input type="radio"/> MMR 2			
4-5 YEARS	<input type="radio"/> OPV Booster 2			
	<input type="radio"/> DPT/Paed Dt Booster 2			
11-15 YEARS	<input type="radio"/> HPV Males & Females (2 Doses)			
15+ YEARS	<input type="radio"/> HPV (3 Doses)			

MMR				
Hep B				
Yellow Fever				
Adult TD				
Adult Pneumococcal				
Meningococcal				
Varicella				
Rabies				
Influenza				
Other				