

Immunization and Vitamin A Supplementation

Age	Vaccine	Date Given	Batch Number	Place Given	Name & Signature	Date of Next Visit
At Birth	BCG	/ /	V: D:			/ /
	OPV 0	/ /	V:			/ /
	Hepatitis B	/ /	V:			/ /
6 Weeks	OPV 1	/ /	V:			/ /
	DPT/ Hep B/ Hib 1	/ /	V:			/ /
	Pneumococcal 1	/ /	V:			/ /
	Rotavirus 1	/ /	V:			/ /
10 Weeks	OPV 2	/ /	V:			/ /
	DPT/ Hep B/ Hib 2	/ /	V:			/ /
	Pneumococcal 2	/ /	V:			/ /
	Rotavirus 2	/ /	V:			/ /
	OPV 3	/ /	V:			/ /
14 Weeks	DPT/ Hep B/ Hib 3	/ /	V:			/ /
	Pneumococcal 3	/ /	V:			/ /
	IPV	/ /	V:			/ /
9 Months	Measles-Rubella 1	/ /	V: D:			/ /
	Yellow Fever	/ /	V: D:			/ /
	Measles-Rubella 2	/ /	V: D:			/ /
18 Months	Meningitis A	/ /	V: D:			/ /
	LLIN	/ /				/ /

DPT: Diphtheria, Pertussis, and Tetanus / Hib: Haemophilus Influenza b / IPV: Inactivated Polio Vaccine
V: Vaccine Batch Number / D: Diluent Batch Number

