

SCHEDULE OF IMMUNIZATION

AGE	DOSE	VACCINE
Paediatric Immunizations		
Birth*	Birth Dose	Hepatitis B
2 Mths	1st	DPT/Hep B/Hib, Pneumococcal, IPV
4 Mths	2nd	DPT/Hep B/Hib, Pneumococcal, OPV
6 Mths	3rd	DPT/Hep B/Hib, Pneumococcal, OPV
12 Mths	1st	Measles Mumps Rubella, Yellow Fever
18 Mths*	1st Booster	DPT, OPV, Pneumococcal
4-5 Years	2nd Booster	Measles Mumps Rubella, DPT, OPV
9-12 Years	Booster	Tetanus Diptheria [Adult]
11-15 Years	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus
OR		
	1st	Human Papilloma Virus
	2nd	Human Papilloma Virus
	3rd	Human Papilloma Virus
Adult Immunizations		
9 Years +	Every 10 years	Tetanus Diptheria
6 Mths +	Once yearly	Influenza
5-26 Yrs (M)	1st	Human Papilloma Virus
5-45Yrs (F)	2nd	Human Papilloma Virus
	3rd	Human Papilloma Virus
2 Years +	As Indicated	Pneumococcal 23
2 Years +	As Indicated	Meningococcal
	As Indicated	Rabies

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!



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Ministry of Health-Trinidad and Tobago



TrinidadHealth



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

ADULT VACCINES	DATE	BATCH NO.	SIGNATURE
MMR			
Hep B			
Yellow Fever			
Adult TD			
Adult Pneumococcal			
Meningococcal			
Varicella			
Rabies			
Influenza			
Other			