

# This is to certify that :

Name:

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Date of Birth:

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**is now fully immunized  
Congratulations !**

Date :

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Signature:

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# IMMUNIZATION STATUS

Name		
Date of birth		
Vaccine	When to give	Dates of vaccination given
Hep B at birth	At birth	
BCG	At birth	
DTP-HepB- Hib 1	6 weeks	
DTP-HepB- Hib 2	10 weeks	
DTP-HepB- Hib 3	14 weeks	
OPV 1	6 weeks	
OPV 2	10 weeks	
OPV 3	14 weeks	
MMR 1	12 months	
MMR 2	15 months	
DTP 4	5 years	