

CERTIFICATE OF VACCINATION

PARTICULARS OF CHILD VACCINATED															
Name of Child:		Birth Certificate No. / Passport No.:													
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY):	Country of Birth:													
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VACCINES UNDER NATIONAL CHILDHOOD IMMUNISATION SCHEDULE															
Vaccination against	Vaccine Name*	Dose/Sequence	Date Given												
Tuberculosis (BCG)		Dose 1													
Hepatitis B		Dose 1 (Birth dose)													
		Dose 2													
		Dose 3													
Diphtheria, Tetanus, and Pertussis (DTaP/Tdap)		Dose 1													
		Dose 2													
		Dose 3													
		Booster 1													
		Booster 2													
Poliomyelitis (IPV/OPV)		Dose 1													
		Dose 2													
		Dose 3													
		Booster 1													
		Booster 2													
<i>Haemophilus influenzae</i> type b (Hib)		Dose 1													
		Dose 2													
		Dose 3													
		Booster													
Measles, Mumps and Rubella (MMR)		Dose 1													
		Dose 2													
Pneumococcal Disease (PCV)		Dose 1													
		Dose 2													
		Booster													
Human Papillomavirus (HPV)		Dose 1													
		Dose 2													
		Dose 3													
OTHER VACCINES															
Vaccination against	Vaccine Name*	Dose/Sequence	Date Given												
PARTICULARS OF MEDICAL PRACTITIONER															
Name and Address of Clinic:		Name of Medical Practitioner:	MCR No.:												
(Stamp Here)		Signature:	Date:												

*Indicate the actual product name of the vaccine (e.g. *Infanrix*, *Infanrix Hexa*, *M-M-R II*, etc)

EXPLANATORY NOTE:

The original copy of this certificate should be given to the parent or guardian of the child. It should be made available for verification on admission to school.