

IMMUNIZATION SCHEDULE

From birth - 6 weeks	BCG
Six Weeks	OPV and DPT / Hep B / Hib
Three months	OPV and DPT / Hep B / Hib
Five months	OPV and DPT / Hep B / Hib
Twelve months	MMR vaccine
Eighteen months	OPV and DPT / DT(P) boosters
Four - Six Years	OPV, MMR and DPT / DT(P) boosters

For entry to Nursery and Basic School the above vaccines are necessary

For entry to primary School all the above vaccines are necessary

BCG - Bacillus Calmette Guerin	- Protects against Tuberculosis
OPV - Oral Polio Vaccine	- Protects against Poliomyelitis
DPT - Diphtheria Pertussis Tetanus	- Protects against Diphtheria, Pertussis, (Whooping Cough) Tetanus (Lock jaw)
DT(P) - Diphtheria Tetanus (Paediatric)	- Protects against Diphtheria, Tetanus
HepB - Hepatitis B	- Protects against Hepatitis B
Hib - Haemophilus Influenza	- Protects against Meningitis and Pneumonia

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Kingston, Jamaica
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MINISTRY OF HEALTH

Public Health Act 1974
(Regulation 7 Form B)

CERTIFICATE OF IMMUNIZATION EPI—TREN^o 000705

Name:

Date of Birth:

Name of Parent/Guardian:

Address (Home):

Tel:

Address (Work):

Tel:

School/Clinic:

Please Keep Safely

CHILDHOOD SCHEDULE

Vaccines	1 st Dose	2 nd Dose	3 rd Dose
BCG	Date		
	Signature		
Polio Vaccine	Date	Date	Date
	Signature	Signature	Signature
Diphtheria Pertussis Tetanus (DPT)/DT(P)	Date	Date	Date
	Signature	Signature	Signature
DPT/HepB/Hib (Pentavalent)	Date	Date	Date
	Signature	Signature	Signature
Hepatitis B (HepB)	Date	Date	Date
	Signature	Signature	Signature
Haemophilus Influenza B (Hib)	Date	Date	Date
	Signature	Signature	Signature
Measles Mumps Rubella (MMR)	Date	Date	
	Signature	Signature	

Immunizing Officer's Sig. _____

Date _____

ADEQUATELY IMMUNISED FOR ENTRY TO SCHOOL
ADDITIONAL BOOSTERS MAY BE NEEDED OR NEW VACCINES MAY BE REQUIRED

BOOSTERS/OTHER VACCINES

Vaccines	Dose / Booster	Dose / Booster	Dose / Booster
OPV	Date	Date	Date
	Signature	Signature	Signature
DPT/DT	Date	Date	Date
	Signature	Signature	Signature
Hepatitis B (HepB)	Date	Date	Date
	Signature	Signature	Signature
Haemophilus Influenza B (Hib)	Date	Date	Date
	Signature	Signature	Signature
Varicella (Chicken Pox)	Date	Date	Date
	Signature	Signature	Signature
Influenza	Date	Date	Date
	Signature	Signature	Signature
Pneumococcal	Date	Date	Date
	Signature	Signature	Signature
	Date	Date	Date
	Signature	Signature	Signature
	Date	Date	Date
	Signature	Signature	Signature
	Date	Date	Date
	Signature	Signature	Signature