

IMMUNIZATION RECORD:

<i>Date</i>	<i>Type of Vaccine</i>		<i>Remarks</i>
	BCG		
	Polio	first	OPV • IPV
		second	OPV • IPV
		third	OPV • IPV
		fourth	OPV • IPV
	DTP primary	first	
		second	
		third	
	DTP secondary		
	DTP tertiary		
	Hib (1)		
	Hib (2)		
	Hib (3)		
	Hib (4)		
	Pneumococcal (1)		
	Pneumococcal (2)		
	Pneumococcal (3)		
	Pneumococcal (4)		
	MMR / MR	first	
		second	
		third	
		fourth	
	Mumps		
	Varicella		

Issued by:

Issued to:
