



# Baby's Health File



## Vaccinate



Staff No.: 828R

Name : Vishal

DOB : 29/09/2007

Blood Group:

AGE	VACCINE (dose)	GIVEN ON	SINATURE
Birth	BCG Hep B Vac	10/10/07 8/10/07	not given here
2 Months (1 <sup>st</sup> Dose)	DPT + HIB OPV Hep B Vac Pneumococcal	29/12/07 15/1/08 9.3.08	not here cap
4 Months (2 <sup>nd</sup> Dose)	DPT + HIB OPV <del>                    </del> Pneumococcal	30/01/08 15/12/07 30.4.08	not here Cathy
6 Months (3 <sup>rd</sup> Dose)	DPT + HIB OPV Hep B Vac Pneumococcal	9.3.08 20/01/08 9.3.08 09.7.08	cap not here CATHY
12 Months	MMR 1 Chickenpox (Varicella)	16/1/08	Sam
18 Months (1 <sup>st</sup> Dose)	DT + HIB OPV Pneumococcal	1/04/09	cap
4-6 Years (1 <sup>st</sup> Booster)	Varicella - A70CB658A DTaP - C3712AB OPV - A0PV871AD MMR 2 - AM5R2C102AA	11/12/2011	Suzan/Sim
11-12 Years	Tetanus OPV		



**"Common adverse effect"**

- Pain ● Redness and Swelling at injection site
- Fever

**"Treatment"**

- Give paracetamol every 6 to 8 hours as needed
- Put warm compress on injection site
- If worried about child call doctor

Before the immunization tell your doctor if your child:

- Has ever had fits or convulsions
- Had a bad reaction to the last dose
- Is unwell in anyway

Current Immunization Schedule in State of Qatar 2005