



Nam	PatientID	SCK0960106707
SCK	Admission Date	25-10-2019 04:15 PM
	PATIENT NAME	B/O NAJVA P V
	AGE/GENDER	0/Male
	BED/WARD	CB - 15/WELL BABY
	DOCTOR	SHABEER M P



Pongso Pongsoyib  
 858 9866048

My Name: B/O NAJVA SCK No. 106.707  
 My Mother's Name: NAJVA  
 Occupation: \_\_\_\_\_  
 My father's Name: RIFASH Pudhiyaveethi. I em.  
 Occupation: \_\_\_\_\_  
 Gender:  Male  Female  
 My Birth Date: 25-10-19 My Time of birth: 3:44PM  
 My Blood Group: B POSITIVE  
 Term of Pregnancy: 39 WEEKS + 4 DAYS  
 Delivery Mode: NORMAL VAGINAL DELIVERY  
 Name of Obstetrician: DR. SHAMNI  
 My Birth Weight: 3.62 kg My Length: 52 cm  
 My Head Size: 35 cm My Chest Size: 33.5 cm  
 Apgar 1 min. \_\_\_\_\_ Apgar at 5 min. \_\_\_\_\_  
 My Mother's Details:-  
 Blood Group: B POSITIVE  
 Obstetric Score: G2 P1 L4

Medical Conditions:  
SINGLE / LIVE / Term / AGA / MALE

**IMMUNIZATION SCHEDULE**

AGE	VACCINE	DUE ON	GIVEN ON	WEIGHT	BATCH/BRAND	SIGNATURE
BIRTH	BCG ✓		25/10/19	3.62	DISCOWELL	[Signature]
	OPV0 ✓		25/10/19	3.62	DISCOWELL	[Signature]
	HEPATITIS B1 ✓		25/10/19	3.62	DISCOWELL	[Signature]
6 WEEKS	DTaP1		25/10/19	5.5	DISCOWELL	[Signature]
	IPV/OPV*		25/10/19	5.5	DISCOWELL	[Signature]
	HEPATITIS B 2		25/10/19	5.5	DISCOWELL	[Signature]
	HB1		25/10/19	5.5	DISCOWELL	[Signature]
	ROTA VIRUS 1		25/10/19	5.5	DISCOWELL	[Signature]
	PCV 1		25/10/19	5.5	DISCOWELL	[Signature]
10 WEEKS	DTaP2		25/10/19	6.5	DISCOWELL	[Signature]
	IPV3/OPV*		25/10/19	6.5	DISCOWELL	[Signature]
	HB2		25/10/19	6.5	DISCOWELL	[Signature]
	ROTA VIRUS 2**		25/10/19	6.5	DISCOWELL	[Signature]
	PCV 2		25/10/19	6.5	DISCOWELL	[Signature]
14 WEEKS	DTaP 3		25/10/19	7.5	DISCOWELL	[Signature]
	IPV3/OPV*		25/10/19	7.5	DISCOWELL	[Signature]
	HB3		25/10/19	7.5	DISCOWELL	[Signature]
	ROTA VIRUS 3**		25/10/19	7.5	DISCOWELL	[Signature]
	PCV 3		25/10/19	7.5	DISCOWELL	[Signature]
6 MONTHS	OPV1		25/10/19	8.5	DISCOWELL	[Signature]
	HEPATITIS B 3		25/10/19	8.5	DISCOWELL	[Signature]
8 MONTHS	MMR-1		14/10/2020	9.5	DISCOWELL	[Signature]
8 MONTHS	OPV2		14/10/2020	9.5	DISCOWELL	[Signature]

12 MONTHS	HEPATITIS A-1			
	TYPHOID CONJUGATE***			
	VACCINE			
15 MONTHS	MMR 2*			
	VARICELLA 1			
	PCV-BOOSTER			
18-18 MONTHS	DTaP B/D/OPV B1			
	IPV B1			
	HB B1			
18 MONTHS	HEPATITIS A-2			
2 YEARS	TYPHOID			
4-6 YEARS	DTaP B2			
	OPV3			
	VARICELLA 2*			
10-12 YEARS	Td/TTd**			
	HPV**			

\*OPV also OPV cannot be given  
 \*\*Ears are to be 27 days depending on the brand  
 \*\*\*Typhoid conjugate vaccine - 1 dose 9-12 months (through 23 months & booster dose in 2<sup>nd</sup> year)  
 † Typhoid polysaccharide: 2 years and re-vaccination every 3 years  
 ‡ 1<sup>st</sup> dose - anytime 5-8 weeks after the 1<sup>st</sup> dose  
 ††† Varicella 2<sup>nd</sup> dose anytime 3 months after the 1<sup>st</sup> dose  
 †††† Tdap preferred to Td, followed by repeat Td every 10 years  
 \* Only females, 3 doses at 9, 1 or 2 months and 6 months