

## MY HEALTH RECORD



Dear Pappa and Mamma,

This is my Immunization and Health Record Diary. This will help you understand my Health needs and guidance on my care. Please read the information carefully and always carry it every time you take me to our doctor

Your sweetie pie

## MY PERSONAL DETAILS

My Name: FAIHA BINTH SALIH

I am a boy  girl

Mummys's Name: SAFA ISMAIL

Daddy's Name: ABU SALIH

Home Address: PUZHANKARAILLATH HOUSE  
CHERUTHURUTHY P.O., THRISSUR

Contact Number: .....



## MY BIRTH DETAILS

Date and Time of Birth: 22-5-18

Place of Birth: PERUMPILAVU

Delivery: Normal  Vacuum  Forceps  Caesarean

Delivered by (Obstetrician)

Condition at Birth (Apgar Score)

Birth Weight: 2.8 Kg Length at Birth: .....

Head Circumference: .....

Blood Group: 'B' Positive

## HEARING SCREENING TEST

TEST	DATE DAY	RESULT	
		Rt EAR	Lt EAR
OAE 1 <sup>st</sup>		<input type="checkbox"/> PASS	<input type="checkbox"/> PASS
		<input type="checkbox"/> RETEST	<input type="checkbox"/> RETEST
OAE 2 <sup>nd</sup>		<input type="checkbox"/> PASS	<input type="checkbox"/> PASS
		<input type="checkbox"/> RETEST	<input type="checkbox"/> RETEST

Comments:

## VACCINATION RECORD



Age	Vaccine	Due Date	Given Date	Weight
Brith	BCG		<u>23/5/18</u>	<u>2.8 Kg</u>
	Oral Polio Vaccine (Zero)		<u>23-5-18</u>	<u>2.8 Kg</u>
6 Weeks	Injective Polio Vaccine 1 <sup>st</sup> dose		<u>7/7/18</u>	<u>4.2</u>
	DPT Vaccine 1 <sup>st</sup> dose		<u>7/7/18</u>	<u>4.2</u>
	Hepatitis B Vaccine 1 <sup>st</sup> dose		<u>7/7/18</u>	<u>4.2</u>
	Hib Vaccine 1 <sup>st</sup> dose		<u>7/7/18</u>	<u>4.2</u>
10 Weeks	Injective Polio Vaccine 2 <sup>nd</sup> dose		<u>8-8-18</u>	<u>4.8</u>
	DPT Vaccine 2 <sup>nd</sup> dose		<u>8-8-18</u>	<u>4.8</u>
	Hepatitis B Vaccine 2 <sup>nd</sup> dose		<u>8-8-18</u>	<u>4.8</u>
	Hib Vaccine 2 <sup>nd</sup> dose		<u>8-8-18</u>	<u>4.8</u>
14 Weeks	Injective Polio Vaccine 3 <sup>rd</sup> dose		<u>12-09-18</u>	<u>5.3</u>
	DPT Vaccine 3 <sup>rd</sup> dose		<u>12-09-18</u>	<u>5.3</u>
	Hepatitis B Vaccine 3 <sup>rd</sup> dose		<u>12-09-18</u>	<u>5.3</u>
	Hib Vaccine 3 <sup>rd</sup> dose		<u>12-09-18</u>	<u>5.3</u>
6 months	Oral Polio Vaccine 1 <sup>st</sup> dose		<u>4-11-18</u>	<u>6.7</u>
9 months	MMR Vaccine I		<u>27-3-19</u>	<u>8.2</u>
	Oral Polio Vaccine 2 <sup>nd</sup> dose		<u>27-3-19</u>	<u>8.2</u>
15 months	MMR Vaccine II		<u>5-9-19</u>	<u>9.5</u>
18 months	Injective Polio Vaccine 4 <sup>th</sup> dose		<u>10-1-20</u>	<u>11.2</u>
	DPT Vaccine 4 <sup>th</sup> dose		<u>10-1-20</u>	<u>11.2</u>
	Hib Vaccine 4 <sup>th</sup> dose		<u>10-1-20</u>	<u>11.2</u>
5 years	DT-Vaccine		<u>31-1-24</u>	<u>18.7</u>
	Oral Polio Vaccine 3 <sup>rd</sup> dose		<u>21-1-24</u>	<u>18.7</u>
	MMR Booster dose		<u>31-1-24</u>	<u>18.7</u>
10 years	TT Vaccine booster dose			
12 years	Rubella Vaccine (Girls only)			
16 years	TT Vaccine booster dose			

## OPTIONAL VACCINE

Age	Vaccine	Due Date	Given Date	Weight
6 Weeks	Pneumococcal Vaccine (I <sup>st</sup> dose)			
10 Weeks	Pneumococcal Vaccine (II <sup>nd</sup> dose)			
14 Weeks	Pneumococcal Vaccine (III <sup>rd</sup> dose)			
15 Months	Pneumococcal Booster dose			
6 Weeks	Rota Virus Vaccine (I <sup>st</sup> dose)			
10 Weeks	Rota Virus Vaccine (II <sup>nd</sup> dose)			
After 1 & 5 year	Chickenpox Vaccine			
>12 Months	Hepatitis A Vaccine (I <sup>st</sup> dose)			
6 Months after 1st dose	Hepatitis A Vaccine (II <sup>nd</sup> dose)			
After 2 years	Typhoid Vaccine			
10-12 years	HPV			

