



MEDICAL SERVICES  
VACCINATION CARD

*Dr. Asif Zaman*  
LP 4

PLEASE BRING THIS CARD ON EACH VACCINATION VISIT

Name	Mohammad Talha Aijaz
F/Name	Asif Zaman
PR No.	1904106284
Age	
Gender:	M <input checked="" type="checkbox"/> F
DOB	170419
Address	Peshawar



## Recommended Vaccination Schedule

Vaccine Age	BCG	Combination DTap, Hib, IPV	OPV	Hep-B	HIB disease	Rotavirus	Pneumococcal	Measles	MMR	Hep A	Influenza	Chicken Pox	Typhoid
At Birth			Dose 1	Dose 1									
1-2 Months		Dose 1	Dose 2	Dose 2	Dose 1	Dose 1							
2-3 Months		Dose 2	Dose 3		Dose 2	Dose 2							
3-4 Months		Dose 3	Dose 4		Dose 3	Dose 3							
6 Months				Dose 3		Dose 3							
9 Months													
13 Months								Dose 1	Dose 1	Dose 1			
15-18 Months		DTP/DTaP Booster	Booster 1			Booster							
18-24 Months									Dose 2	Dose 2			One dose every 3 years
5 Years		DTP/DTaP Booster	Booster 2						Dose 2				

*Handwritten note:* Crowd - bt

*Handwritten note:* Annual Vaccination

*Handwritten note:* Dose 1

**Hepatitis B** In case of high risk, vaccine is recommended at birth with 2 subsequent doses at monthly intervals. Four doses of vaccine may be administered when a birth dose is given.

**HIB Disease** Infants between 6-12 months should get 2 of Hib vaccine at one month's interval. To ensure long term protection a booster dose is recommended in the second year. Children between age 1-5 years, require one dose only.

**Influenza** Children 6 months-3 years of age receiving vaccine for the first time, will require a second dose of 0.25ml after an interval of at least 4 weeks.

**Typhoid Fever** One shot every 3 years for children over 2 years of age.

**Chicken Pox** One year and above single shot. Subject, 13 years and above will require 2 doses.

**Rotavirus** Two dose 1 month apart between 6 weeks to 6 months.

## Vaccination Record

Vaccine	Date Given	Next Dose Due On	Batch No	Given By
BCG, OPV	30-4-19	3-6-19		[Signature]
Dtap, Hib, IPV, Hep-B	17-6-19	17-7-19		[Signature]
Booster 1	17-7-19	17-8-19		[Signature]
Booster 2	17-8-19			[Signature]
	16/10/19			[Signature]
	22/8/21			[Signature]
Hepatitis B				
Hib				
Rotavirus Vaccine (Oral)	17-6-19	17-7-19		[Signature]
	17-7-19			[Signature]
Pneumococcal Vaccine	7-8-19	7-10-19		[Signature]
	16-10-19	18-12-19		[Signature]
	1-1-20			[Signature]
Booster				
Measles 9M	22/11/20	17-1-20		[Signature]
Hepatitis A	14/12/20	22/7/20		[Signature]
	15/12/21			[Signature]
	22/8/21			[Signature]
Influenza				
MMR	15/2/21			[Signature]
	22/8/21			[Signature]
Chicken Pox	15/2/21			[Signature]
Typhoid				
Others				

*Handwritten note:* MMR 9M

*Handwritten note:* 9M 12M - 22/10/21