

# Immunization & Health Record

Name of Child S. PRANEETH KUMAR Sex  M  F

Date of Birth  0  3  0  1  2  0  1  3

Delivery Normal

Neonatal Status good

Birth Weight \_\_\_\_\_ Length \_\_\_\_\_

Head circumference \_\_\_\_\_ Chest circumference \_\_\_\_\_

Blood Group O+ve

Remarks \_\_\_\_\_

Name of Mother Venokrishna veni

Mother's Blood Group O-ve

Name of Father Balharajya

Father's Blood Group O+ve

Details of Siblings \_\_\_\_\_

Phone no. \_\_\_\_\_

**Dr. Vadrevu Subbarao**

M.B.B.S, D.C.H. (Ireland)

Sridevi Children Hospital,

Door No 3-21,

Sarpavaram Junction,

Kakinada

Ph.No.: 0884-2375886





# IMMUNIZATION SCHEDULE

3౯550 2013

AGE VACCINES

DUE ON GIVEN ON

COMMENTS/BATCH NO.

AGE	VACCINES	DUE ON	GIVEN ON	COMMENTS/BATCH NO.
BIRTH	BCG OPV 0 Hep-B 1			
6 WEEKS	DTwP 1 IPV 1 Hep-B 2 Hib 1 Rotavirus 1			
10 WEEKS	PCV 1 DTwP 2 IPV 2 Hib 2 Rotavirus 2			
14 WEEKS	DTwP 3 IPV 3 Hib 3 Rotavirus 3*#			
6 MONTHS	OPV 1 Hep-B 3			
9 MONTHS	OPV 2 MMR 1			
9-12 MONTHS	MMR 1 Typhoid Conjugate			
12 MONTHS	MMR 2 <sup>5</sup> MMR 2 <sup>5</sup>			
15 MONTHS	MMR 2 <sup>5</sup> MMR 2 <sup>5</sup>			
16-18 MONTHS	DTwP B 1 / DTwP B 1 IPV B 1 Hib B 1			
18 MONTHS	DTwP B 1 / DTwP B 1 IPV B 1 Hib B 1			
2 YEARS	DTwP B 2 / DTwP B 2 IPV 3 MMR 2 <sup>5</sup>			
4 to 6 YEARS	DTwP B 2 / DTwP B 2 IPV 3 MMR 2 <sup>5</sup>			
10-12 YEARS	Tdap/Td HPV			

\* APN, M. WASHISHA, A.M. KALRA, et al. Indian Academy of Pediatric  
 1. Adapted from IAP Immunization Timeline 2014 (IAP Recommended Vacci  
 IAP recommended vaccines for High-risk\* children (Vaccines under  
 1. Influenza Vaccine, 2. Meningococcal Vaccine, 3. Japanese Enceph  
 High-risk category of children:  
 • Congenital or acquired immunodeficiency (including HIV infection) • Chronic cardiac, pulmonary (including asthma) • Chronic renal failure  
 • Children on long term steroids, salicylates, immunosuppressive or radiation  
 • Laboratory personnel and healthcare workers • Travelers  
 \* Rotavirus vaccine (2/3 doses depending on the brand at 4-8 weeks interval  
 # Typhoid vaccination every 3 years & Tdap preferred to Td, followed by r  
 disclaimer: For detailed information refer to IAP Recommended Immunization Schedule  
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**BIOVAC™ - A**  
 B.No. 20150102-2  
 Date of Inclusion:

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**AC378212AP**  
 04-2015  
 03-2018  
 Typhoid (M Capsular Polysaccharide)-  
 Telamus Toxoid Conjugate Vaccine  
 Single Dose - 0.5 mL  
 Each 0.5 mL Prefilled syringe contains  
 Purified M-Capsular Polysaccharide  
 of S. Typhi T/2 conjugated to  
 Telamus Toxoid 25 µg  
 Sodium chloride 4.5 mg  
 Water for injection q.s. to 0.5 mL  
 Storage: Store at 2°C to 8°C  
 Do not freeze.  
 Reconstituted vaccine before use.  
 Keep out of reach of children.  
 WARNING: To be used by retail on  
 the prescription of a Registered  
 Medical Practitioner only.

**Typbar TCV-PFS**  
 9.7.2015  
 For Intramuscular Injection

**Prevenar 13**  
 SV-50-88  
 L99202  
 PAAD47534  
 Pneumococcal Polysaccharide  
 Conjugate Vaccine (Adsorbed) Ph.Eur.,  
 13-valent  
 B.P.R. - Refer  
 to caution  
 (incl. of all taxes)  
 IL, No.:  
 Batch No.:  
 Lot: US1039C  
 111414  
 17NOV16  
 Exp:

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**MEASLES, MUMPS AND RUBELLA  
 VACCINE (LIVE) IP**  
 B.No.: 013M6018A  
 MFG.: JUN. 2016  
 EXP.: MAY 2018

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ఒక్కోపక్కం : 0884-2376  
 శ్రీదేవి బిల్డింగ్  
 3-21, సర్వవరం జంక్షన్  
 M.B.S. D.C.H. (Ireland)  
 Regd No 9998  
 73

ప్రా. ప్రెస్టర్ నిపుణులు,  
 సర్ అచార్యంకిమ్మింట్ కోడె 0884-237588666  
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Holds head steady  
 Eyes follow pen/pencil  
 Social smile  
 4 5 6 7 8 9 10 11  
 Start, keep a pencil vertically on the edge of the child  
 odd norms & Trivandrum Development Screening Q  
 This represents normal range