IMMUNIZATIONS

PROTECT YOUR CHILD

BCG VACCINE: at Birth	Date Given	Date of next visit
(Intra-dermal left fore arm)		
Dose: (0.05mls for child below 1year)	6/2/2020	
Dose: (0.1mls for child below 1year)		
BCG - Scar Checked	Date checked	Date BCG repeated
PRESENT		
ABSENT		

ORAL POLIO VACCINE (OPV)	Date Given	Date of next visit
Dose: 2 drops orally		
Birth Dose: at birth or within 2wks (OPV 0)		
1st dose at 6 weeks (OPV 1)	6/3/2020	3/4/2020
2nd dose at 10 weeks (OPV 2)	7/4/2020	6/5/2020
3rd dose at 14 weeks (OPV 3)	6/5/2020	3/6/2020

DIPTHERIA / PERTUSSIS / TETANUS / HEPATISIS B/HAEMOPHILUS INFLUENZA Type B Dose: (0.5mls) Intra Mascular left outer thigh	Date Given	Date of next visit
1st dose at 6 weeks	6/3/20	3/4/20
2nd dose at 10 weeks	7/4/2020	6/5/2020
3rd dose at 14 weeks	6/5/2020	3/6/2020

PNUEMOCOCCAL VACCINE	Date Given	Date of next visit
Dose: (0.5mls) Intra Mascular right outer thigh		
1st dose at 6 weeks	6/3/20	3/4/20
2nd dose at 10 weeks	7/4/2020	6/5/2020
3rd dose at 14 weeks	6/5/2020	3/6/2020

ROTA VIRUS VACCINE (ROTARIX)	Date Given	Date of next visit
Dose: 1.5mls orally		
1st dose at 6 weeks	6/3/20	3/4/20
2nd dose at 10 weeks*	7/4/2020	6/5/2020

*2nd dose should be given not later than 32 weeks of age

MEASLES VACCINE at 6 months: in the event of a Measles outbreak or HIV Exposed Children (HEI)	Date Given
Date: (0.5mls) Subcutaneously right upper arm	

MEASLES VACCINE at 9 months	Date Given
Date: (0.5mls) Subcutaneously right upper arm	28/10/20 TCA 25/11/20

MEASLES VACCINE at 18 months	Date Given
Date: (0.5mls) Subcutaneously right upper arm	

YELLOW FEVER VACCINE at 9 months**	Date Given
Date: (0.5mls) Subcutaneously right upper arm	

** *Only in selected districts in Rift Valley*

OTHER VACCINES

Vaccine	Date Given

NB: Other vaccines refer to those not in the usual KEPI schedule and may include MMR, Typhoid, etc

If your child develops any adverse events following Immunization (AEFI), please report immediately to the nearest Health Facility.

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

Date: .....

Describe: .....

Antigen / Vaccine: .....

Batch No. ..... **Manufacturing Date:** ..... **Expiry Date** .....

Manufacturer's Name: .....