## IMMUNIZATIONS

## PROTECT YOUR CHILD

BCG VACCINE: at Birth	Data Civan	Data of payt vicit
(intra-dermal left fore arm)	Date GIVEII	השופ חו וופצר אופור
Pose: (0.05mls for child below 1year)	6/2/2000	
Dose: (0.1mls for child below 1 year)		
BCG - Scar Checked	Date checked	Date BCG repeated
PRESENT		
ABSENT		

ORAL POLIO VACCINE (OPV)	Dato Circo	Data of part vici
Dose: 2 drops orally	Date Civell	חשום חוופצו גופני
Birth Dose: at birth or within 2wks (OPV 0)		-
1st dose at 6 weeks (OPV 1)	1613/2020 13/4/2020	3/4/2020
2nd dose at 10 weeks (OPV 2)	80/4/K	6/5/2020
3rd dose at 14 weeks (OPV 3)	615/2020	615/2020 3/6/2020

DIPTHERIA / PERTUSSIS / TETANUS / HEPATISIS	Data Sivan	Date of port visit
B/HAEMOPHILUS INFLUENZA Type B	במופ מואפון	Date of liest visit
Dose: (0.5mls) Intra Mascular left outer thigh		
1st dose at 6 weeks	08 819	314/20
2nd dose at 10 weeks	050c/ H/L	6.15,2020
3rd dose at 14 weeks	615/2000 316	cent 9/8

PNUEMOCOCCAL VACCINE	Data Circa	Data of post visit
Dose: (0.5mls) Intra Mascular right outer thigh	חמופ מואפוו	חשוב סו וובעז אופוו
1st dose at 6 weeks	6/3/20	3 4 20
2nd dose at 10 weeks	7/4/202	6/6/2020
3rd dose at 14 weeks	6/6/2020	3/6/202

ROTA VIRUS VACCINE (ROTARIX)	Data Circa	Date of part visit
Dose: 1.5mls orally	Date Given	Date of flext Alsit
1st dose at 6 weeks	6320	3/4/80
2nd dose at 10 weeks*	17/4/2000	6161222
	1	The second name of the second na

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

NOT FOR SALE

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	

	Date: (0.5mls) Subcutaneously right upper arm
Date Given	MEASLES VACCINE at 18 months
	4 TO 1 TO 1
F 4 10186	Date: (0.5mls) Subcutaneously right upper arm
Date Given	MEASLES VACCINE at 9 months

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

\*\* Only in selected districts in Rift Valley

		W	83		N.			, A	Vaccine	UIMEN VAUGINES
	0			8			8			
						2			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.

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	AFF

Antigen / Vaccine:	Rigen / Vaccine:
Describe:	escribe:

NOT FOR SALE