



# CHILD IMMUNIZATION CARD

**CHILD'S NAME:** Antonio Uriel I. Agulla  
**DATE OF BIRTH:** October 28, 2017  
**PLACE OF BIRTH:** Batangas City  
**ADDRESS:** Alangilan, Batangas City  
**MOTHER'S NAME:** Sherry I. Agulla  
**FATHER'S NAME:** Gilbert Agulla  
**BIRTH HEIGHT:**  
**BIRTH WEIGHT:**  
**SEX:** m

Pag Kumpleto, Protektado

BAKUNA	DOSES	PETA SA NG BAKUNA			SUPPLEMENTAL IMMUNIZATION ACTIVITY (SIA)	REMARKS
BCG	1 (pagkapanganak)	1				
HEPATITIS B	1 (pagkapanganak)	1				
PENTAVALENT VACCINE (DPT-HepB-HiB)	3 (1½, 2½, 3½ buwan)	1	2	3		
ORAL POLIO VACCINE (OPV)	3 (1½, 2½, 3½ buwan)	1	2	3		
INACTIVATED POLIO VACCINE (IPV)	1 (3½ buwan)	1				
PNEUMOCOCCAL CONJUGATE VACCINE (PCV)	3 (1½, 2½, 3½ buwan)	1	2	3		
MEASLES, MUMPS, RUBELLA (MMR)	2 (9 buwan & 1 taon)	8-18	11-14-18	3/13/19		
<b>SCHOOL AGED CHILDREN</b>						
MEASLES, MUMPS, RUBELLA (MMR)	1 (Grade 1)	1				
MEASLES, MUMPS, RUBELLA (MMR)	1 or 2 (Grade 7)	1	2			
TETANUS DIPHTHERIA (TD)	2 (Grade 1 & 7)	1 (Grade 1)	1 (Grade 7)			
HUMAN PAPILLOMAVIRUS VACCINE	2 (Grade 4 FEMALE 9-14 years old)	1	2			
IBA PANG MGA BAKUNA						

Sa column ng **Petsa ng Bakuna**, isulat ang petsa ng pagbigay ng bakuna ayon sa kung pang-ilang dose ito. Sa column ng **Remarks**, isulat ang petsa ng pagbalik para sa susunod na dose o anumang mahalagang impormasyon na maaring makaapekto sa pagbabakuna ng bata.





Pag Kumpleto, Protektado

# IMMUNIZATION CARD



NAME: Antonio Uric Aguilera  
 DATE OF BIRTH: 10-28-17  
 PLACE OF BIRTH: PE  
 ADDRESS: Alangitan Aguda Suba

MOTHER'S NAME: Sherry Aguilera  
 FATHER'S NAME: Gilbert Aguilera  
 BIRTH HEIGHT: \_\_\_\_\_  
 BIRTH WEIGHT: \_\_\_\_\_  
 SEX: M  
 CONTACT NO. \_\_\_\_\_

BAKUNA	DOSES	PETA NG BAKUNA			SUPPLEMENTAL IMMUNIZATION ACTIVITY (SIA)	REMARKS
BCG	1 (pagkapanganak)	1				
HEPATITIS B	1 (pagkapanganak)	1				
PENTAVALENT VACCINE (DPT-HepB-HiB)	3(1 1/2, 2 1/2, 3 1/2 buwan)	1	2	3		
ORAL POLIO VACCINE (OPV)	3(1 1/2, 2 1/2, 3 1/2 buwan)	1	2	3	OPV 2-17-21 SIA	
INACTIVATED POLIO VACCINE (IPV)	1(3 1/2 buwan)	1				
PNEUMOCOCCAL CONJUGATIVE VACCINE -13 (PCV13)	3(1 1/2, 2 1/2, 3 1/2 buwan)	1	2	3		
MEASLES CONTAINING VACCINE (MCV) MR/MMR	2(9 buwan & 1 taon)	1	2		MR 2-17-21 SIA	
<b>SCHOOL AGED CHILDREN</b>						
MEASLES CONTAINING VACCINE (MCV) MR/MMR	1(Grade 1)	1				
MEASLES CONTAINING VACCINE (MCV) MR/MMR	1 or 2 (Grade 7)	1	2			
TETANUS DIPHTHERIA (TD)	2 (Grade 1 & 7)	1 (Grade 1)	1 (Grade 7)			
HUMAN PAPILLOMAVIRUS VACCINE	2 (Grade 4 FEMALE 9-14 years old)	1	2			
<b>SENIOR CITIZEN</b>						
INFLUENZA VACCINE						
PNEUMOCOCCAL VACCINE						
<b>IBA PANG MGA BAKUNA</b>						
1.						
2.						

Sa column ng **Petsa ng Bakuna**, isulat ang petsa ng pagbigay ng bakuna ayon sa kung pang-ilang dose ito. Sa column ng **Remarks**, isulat ang petsa ng pagbalik para sa susunod na dose o anumang mahalagang impormasyon na maaring makaapekto sa pagbabakuna ng bata.



# MOTHER'S / BABY'S COPY

VACCINE	LOT #	DATE	SITE OF INJECTION (THIGH, DELTOID AREA, ETC.)
BCG		10/28/17	
Hepatitis B			
1		10/28/17	
2		12/28/17	✓
3		✓	
		✓	
DTPa / DTPw			
1		12/18/17	✓
Penfa		5-23-18	
3		6-20-18	
Boosters			
1			
2			
Poliomyelitis			
1		12/18/17	✓
2		5-23-18	
3		6-20-18	
Boosters			
1			
2			
H. Influenzae Type B			
1		12/18/17	✓
2		✓	
3		✓	
Boosters			
1			

12/18/17 12/28/17 5-23-18 6-20-18



Reference:  
1. CDC. Epidemiology and Prevention of Vaccine-Preventable Diseases. Pink Book 12th ed.



VACCINE	LOT #	DATE	SITE OF INJECTION (THIGH, DELTOID AREA, ETC.)
Oral Rotavirus			
1			
2		4/3/2018	<i>[Signature]</i>
		5/3/2018	<i>[Signature]</i>
Pneumococcal			
1	Pneumo	9/3/2018	<i>[Signature]</i>
2			
3			
4			
Influenza			
1			
2			
3			
4			
5			
Measles			
MMR		8-8-18	
		11-14-18	
1			
2			
Varicella			
1			
2			
Hepatitis A			
1			
2			
Typhoid			
1			
Others			

