



# CHILD IMMUNIZATION CARD

CHILD'S NAME: AGUILA ANTONIO RAFAEL  
 DATE OF BIRTH: 5-29-14  
 PLACE OF BIRTH: BATANGAS CITY  
 ADDRESS: AGUDA HOME? ARANGHAN BC

MOTHER'S NAME: SHERYL I AGUILA  
 FATHER'S NAME: GILBERT AGUILA  
 BIRTH HEIGHT: \_\_\_\_\_  
 BIRTH WEIGHT: \_\_\_\_\_  
 SEX: M

**Pag Kumpleto, Protektado**

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 (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)	3-18-15	9-22-15		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.



# Immunization Record

Vaccine	Type	Date	Reaction
BCG		6-5-14	
Hepatitis B			
1		5-29-14	
2			
3			
4			
DTwP/DTaP			
1		10-9-14	
2		12-17-14	
3		3-11-15	
Booster 1			
Booster 2			
OPV/IPV			
1		10-9-14	
2		12-17-14	
3		3-11-15	
Booster 1			
Booster 2			
HiB			
1		10-9-14	
2		12-17-14	
3		3-11-15	
Booster			
PCV <sub>7</sub>			
1			
2			
3			
4			
Others			



# Immunization Record

Vaccine	Type	Date	Reaction
PPV			
1			
2			
Measles		3-18-15	
Influenza			
1			
2			
3			
4			
MMR			
1		9/22/15	
2		3/13/19	
Varicella			
1		6/12/15	
2			
Typhoid			
Hepatitis A			
1			
2			
HPV			
1			
2			
3			
Others			