

Your Child's Immunization Schedule

- A. Hexa: DTap (Diphtheria, Pertussis, Tetanus) + Hib (Haemophilus influenza type B) + HBV (Hepatitis B) + IPV (Injectable Polio)
- B. Penta: DTap (Diphtheria, Pertussis, Tetanus) + Hib (Haemophilus influenza type B) + HBV (Hepatitis B)
- C. Tetra (DTaP+Hib)
- D. Tripacel
- E. Tetanus, Diphtheria
- F. Influenza, Meningococcal Meningitis, Haj, Umra, Endemic countries (Special cases).

Are the vaccines recommended for routine administration to children

Following immunization inform the doctor/nurse if your child is suffering from:

- Epileptic fits, seizures or convulsions
- Any untoward reaction from the previous vaccinations
- Severe cough/colds with fever and not feeling well in anyway

Common Immunization Reactions
Fever, local swelling, redness and pain at the injection site

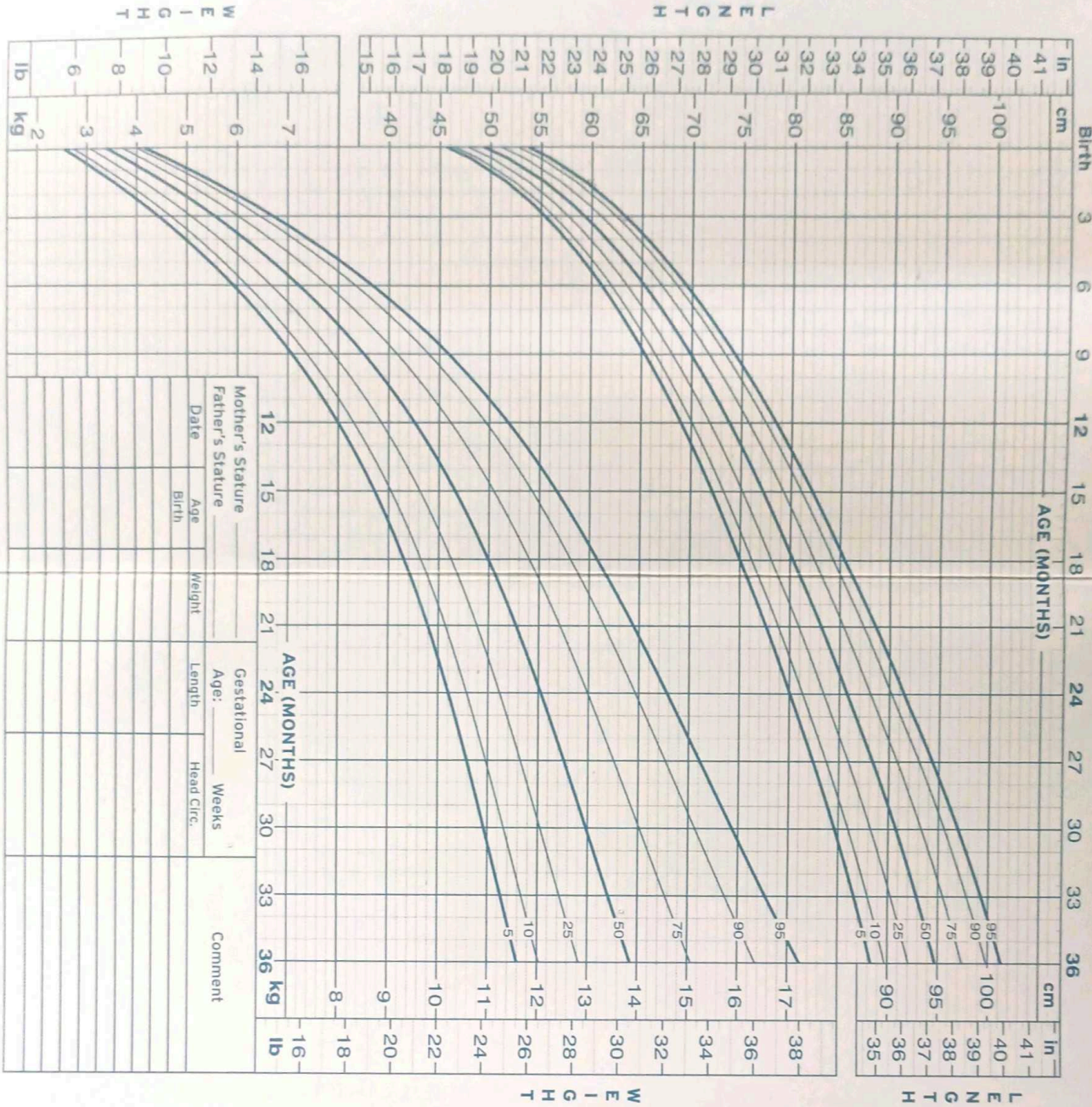
Home Care Advice for Immunization Reactions
Local Reaction at injection Site:
Cold Pack : 20 minutes each hour as needed
Fever: Give Acetaminophen or Ibuprofen as needed.
Localized Hives: Apply 1 % hydrocortisone cream OTC once or twice.

Next Vaccination	
Date	Vaccine

For more information Please call us at:
4408-2444
Email : alahnlreception@qatargas.com.qa

Vaccine	Age	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years
BCC		10/11/19								
Hepatitis B										
A Hexa (DTaP+ Hib+HBV+IPV)									25/04/22 04/12/22	
B Penta (DTaP+ Hib+HBV)			10/12/19	10/10/20	12/02/20					
Rotavirus			10/12/19	10/01/20	10/01/20					
Oral Polio Vaccine		10/11/19	10/12/19	10/01/20	12/02/20					
Pneumococcal Vaccine			10/12/19	10/10/20	12/02/20					
Measles, Mumps, Rubella					Measles 25/10/22 15/01/20			10/03/20		
Varicella					25/10/22 10/07/19					
Hepatitis A					25/10/22 10/16/22					
Influenza										
Meningococcal ACVW135						Meningitis 15/08/20 Yellow Fever 15/08/20				

Birth to 36 months : Boys Length-for-age and Weight-for-age Percentiles



Mother's Stature	_____	AGE (MONTHS)	12	15	18	21	24	27	30	33	36	kg
Father's Stature	_____	AGE (MONTHS)	12	15	18	21	24	27	30	33	36	kg
Date	_____	Age	_____	Weight	_____	Length	_____	Head Circ.	_____	Weeks	_____	Comment
Birth	_____	Birth	_____	Birth	_____	Birth	_____	Birth	_____	Birth	_____	Birth

Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
<http://www.cdc.gov/growthcharts>



Qatar Gas Operating Company Ltd.
Doha Medical Center

Immunization Guide and Record

Child Name : *Omar Hasham Alfaraj Alfaraj*

Staff No. : *21173*

Date of Birth : *10/11/19*

Blood Type : _____

Tel. *3341 8845*
319 73601315
Sudanese

