



## HEALTH RECORD

Child's Name: Ibadur-Rehman Sheheryar

Medical Record No: 568-70-00

Age/Date of Birth: 31/8/19

Place of Birth: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: Tando Alahiya

Telephone: \_\_\_\_\_

**Important**

Please keep this vaccination booklet in a safe place and bring it along with you on every visit.

THE AGA KHAN UNIVERSITY HOSPITAL AND AFFILIATED CLINICAL SITES  
IMMUNIZATION SCHEDULE FOR CHILDREN

Age	Name of Vaccines	Dose	Route
At Birth	1. BCG	0.05 ml (0-3 mo) 0.1 ml (> 3 mo)	Intradermal (preferred deltoid)
	2. Polio Virus (OPV)	2 drops	PO
6 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
10 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
	4. Rotavirus*	1 ml	PO
14 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
	4. Rotavirus*	1 ml	PO
9 Months	1. Measles / <del>MMR</del>	0.5 ml	SC
12 Months	1. Hepatitis A*	0.5 ml	IM
	2. Measles/Measles-Mumps-Rubella (MMR) or MMR-Varicella*	0.5 ml	SC
15 Months	1. Measles-Mumps-Rubella or MMR-Varicella*	0.5 ml	SC
	2. Pneumococcal Conjugate Vaccine*	0.5 ml	IM
18 Months	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Hepatitis A*	0.5 ml	IM
> 2 Years	1. Typhoid*	0.5 ml	SC
	2. Varicella (if not given earlier)*	0.5 ml	SC
	3. Meningococcal Conjugate Vaccine*	0.5 ml	IM
4-5 Years	1. Diphtheria-Tetanus-Pertussis-Hepatitis B Hib*	0.5 ml	IM
	2. Measles-Mumps-Rubella or MMR-Varicella*	0.5 ml	SC
	3. Polio Virus (OPV)	2 drops	PO

a. MMR-varicella should be given if available, if MMRV not available given MMR at 15 months and Varicella can be given at 2 years and 4-5 years as separate injections.  
 b. Tetanus toxoid 0.5 ml IM is indicated for children between 10-15 years of age.  
 \* These vaccines are not currently supported by the National Expanded Programme for Immunisations (EPI), Pakistan, because of expense issues, but are strongly recommended by the Department of Paediatrics and Child Health, AKU.  
 PO = Per Oral - IM = Intramuscular - SC = Subcutaneous

Age	Name of Vaccines	Given on Date / Time	Next Dose Date	Nurse's Name with Designation
	BCG			AS
	Polio			
	Hexa Pcv13 Rota	12/10/19		AZ
	Hexa Pcv13 Rota	13/11/19	12/11/19	AZ
	Hexa Pcv13	3/3/20	13/12/19	RA
	Measles	1/6/2020	6/2020	AZ
	HEPA	31/8/20		RA
	Chickelax	30/11/2020		AZ
	measle		30/12/20	
	Pcv13	30/11/20		AZ
	Hexa		9/13/2021	
	HEPA	27/3/21	1/3/22	NSH
	Tcv	1/6/2020		AZ
	MMRIX	6/11/22		NSH
	Measles B	29/12/20		

Influenza - 6/11/2022 given



MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION  
GOVERNMENT OF PAKISTAN

## IMMUNIZATION CERTIFICATE FOR POLIO VACCINATION

Name Ibad Ur Rehman Khan

Date of Birth 31-08-2019 CNIC No. 41701-0822461-1

Nationality Pakistan Passport No. WW4155611

has been administered following **Oral Polio** vaccine:

Issue Date:  
25-08-2023

Certificate No.  
KX7322005098



MINISTRY OF NATIONAL HEALTH  
SERVICES REGULATIONS & COORDINATION  
Issuing Authority



MINISTRY OF NATIONAL HEALTH SERVICES REGULATIONS AND COORDINATION  
GOVERNMENT OF PAKISTAN

Vaccine Name	Dose	Date
Oral Polio Vaccine	1	25-08-2023



This certificate is valid for one year after vaccination