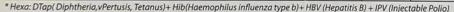
YOUR CHILD'S IMMUNIZATION SCHEDULE

Age	Birth	2	4	6	12	15	18	24	3-4	4-6	11-12
Vaccine	Diren.	Months	Months	Months	Months	Months	Months	Months	Years	Years	Years
BCG											
Hepatits B											
*Hexa DTaP+Hib+H BV+IPV)			(4)								
**Penta (DTaP+ Hib+HIB)	y									16-4-14	
Rotavirus										artm.	*
Oral Polio Vaccine	0 D									16-4-14	
Pneumococcal Vaccine		18 6				No.				-	
Measles, Mumps, Rubella						de de la constante de la const	7 July 2013			ent.)
Varicella	64								200	6414	
Hepatitis A	-3			,	TJaley	7	24-12-13		E S	24 7013	
Influenza					CHEANGE				U		
Maningococcal ACYW135						-					



^{**}penta: DTP (Diphtheria, pertusis, Tetanus) + Hib (Haemophilus influenza type b) - HBV (Hepatitis B)

*** Tetra (DPT + Hib)



Are the vaccines recommended for routine administration to children

New Vaccines

Rescheduled

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

Local Swelling, redness and pain at the injection site fever

Home Care Advice for Immunization Reactions

Local Reaction at injection Site: Cold Pack: 20 minutes each hour as needed Fever: Give acetaminophen or Ibuprofen by mouth as needed.

Localized Hives: Apply 1% hydrocortisone cream OTC once or twice



Qatargas Operating Company Ltd.

Doha Medical Center

Immunization Guide and Record



Keep Xids Healthy

Child Name	DAFFA	
Staff No.	: RG4221	
Date of Birth	: Jan 24,	2009

Blood Type : -