

YOUR CHILD'S IMMUNIZATION SCHEDULE

Age	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	3-4 Years	4-6 Years	11-12 Years
Vaccine											
BCG											
Hepatitis B											
*Hexa (DTaP+Hib+H BV+IPV)											
**Penta (DTaP+ Hib+HIB)											
Rotavirus											
Oral Polio Vaccine											
Pneumococcal Vaccine											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Influenza											
Maningococcal ACYW135											

* Hexa: DTaP (Diphtheria, Pertussis, Tetanus) + Hib (Haemophilus influenzae type b) + HBV (Hepatitis B) + IPV (Injectable Polio)

** penta: DTP (Diphtheria, pertussis, Tetanus) + Hib (Haemophilus influenzae 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



Qatar Gas Operating Company Ltd.
Doha Medical Center

Immunization Guide and Record



Keep Kids Healthy

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