

IMMUNIZATION NAME: MAYAH MIRANDA  
 PROTECT YOUR CHILD DOB: 23/11/2014

BCG VACCINE: at birth	Date given	Date of next visit
(Intra-dermal left fore arm)	28/11/2014	5/01/2015
Dose:(0.05mls for child below 1 year)	BATCH NO: 03794124	
Dose:(0.1mls for child above 1 year)		
BCG-Scar Checked	COUNTY GOVERNMENT OF KISUMU MUHORONI COUNTY HOSPITAL	
PRESENT	P.O. BOX 71, MUHORONI	
ABSENT	Date: 28/11/2014 Sign: [Signature]	

POLIO VACCINE: 2 drops orally	Date given	Date of next visit
Birth Dose at birth or within 2wks	28/11/2014	5/01/2015
1 <sup>st</sup> Dose at 6 weeks	BATCH NO: PY1404005	5/01/2015
2 <sup>nd</sup> Dose at 10 weeks	BATCH NO: PY1404005	2/02/2015
3 <sup>rd</sup> Dose at 14 weeks	BATCH NO: PY1404005	2/03/2015

IPV (Inactivated Polio Vaccine)	Date given	Date of next visit
IPV (0.5mls) Dose at 14 weeks Intramuscular in the right outer thigh 2.5 cm (2 fingers apart) from the site of PCV10 injection	2/03/2015	30/03/2015
BATCH NO: NS441V		

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/HAEMOPHILUS INFLUENZA Type b	Date given	Date of next visit
Dose:(0.5mls) Intra Muscular left outer thigh		
1 <sup>st</sup> Dose at 6 weeks	BATCH NO: 124130543	5/01/2015
2 <sup>nd</sup> Dose at 10 weeks	BATCH NO: 124130543	2/02/2015
3 <sup>rd</sup> Dose at 14 weeks	BATCH NO: 124130542	2/03/2015

PNEUMOCOCCAL VACCINE	Date given	Date of next visit
Dose: (0.5mls) intramuscular right outer thigh		
1 <sup>st</sup> Dose at 6 weeks	BATCH NO: ASPNA77BA	5/01/2015
2 <sup>nd</sup> Dose at 10 weeks	BATCH NO: ASPNA77BA	2/02/2015
3 <sup>rd</sup> Dose at 14 weeks	BATCH NO: ASPNA77BA	2/03/2015

ROTA VIRUS VACCINE (ROTARIX)	Date given	Date of next visit
1.5mls administered orally, slowly		
1 <sup>st</sup> Dose at 6 weeks	BATCH NO: ARDL3078	5/01/2015
2 <sup>nd</sup> Dose at 10 weeks	BATCH NO: ARDL3078	2/03/2015

MEASLES RUBELLA VACCINE (MR) at 6 months; in the event of a measles rubella outbreak or HIV Exposed children (HEI)	Date Given
Dose: (0.5mls) subcutaneous right upper thigh	
MEASLES RUBELLA VACCINE (MR) at 9 months	
Dose: (0.5mls) subcutaneous right upper thigh	
BATCH NO: 0040154165B	28/08/2015
MEASLES RUBELLA VACCINE (MR) at 18 Months	
Dose: (0.5mls) subcutaneous right upper thigh	
BATCH NO: 0040154165B	30/05/2016

YELLOW FEVER VACCINE at 9 months**	Date Given
Dose: (0.5mls) Intra Muscular left upper deltoid	
COUNTY GOVERNMENT OF KISUMU MUHORONI COUNTY HOSPITAL P.O. BOX 71, MUHORONI	
Date: 28/11/2014 Sign: [Signature]	

OTHER VACCINES	Date Given
VACCINE	

NB: Other vaccines refer to those not in the usual KEPI schedule and may include, Typhoid etc

If your child develops any adverse events following immunization (AEFI) please report immediately to the nearest health facility.

ANY ADVERSE EVENT FOLLOWING IMMUNIZATION (AEFI)

DATE: \_\_\_\_\_

DESCRIBE: \_\_\_\_\_

ANTIGEN/VACCINE: \_\_\_\_\_

BATCH NUMBER: \_\_\_\_\_

MANUFACTURE DATE: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

MANUFACTURE'S NAME: \_\_\_\_\_