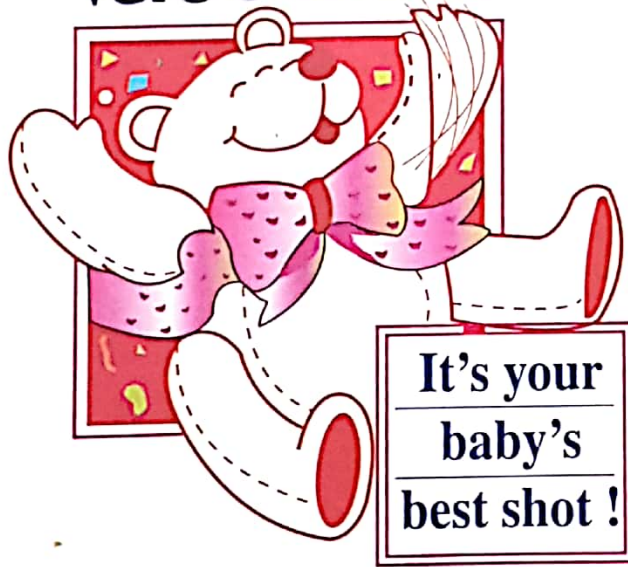




# Baby's Health File



## Vaccinate



Staff No.: 2084 R

Name : Arjit Pradeep ~~Kumar~~

DOB : 30/01/2009

Blood Group: B<sup>+</sup>

AGE	VACCINE (dose)	GIVEN ON	SIGNATURE
Birth	BCG OPV Hep B Vac	8/2/09	given in India
2 Months (1 <sup>st</sup> dose)	DPT + HIB OPV, ROTA Hep B Vac	18/3/09	given in India
	Pneumococcal - 1 <sup>st</sup>	10/6/09	Simi
4 Months (2 <sup>nd</sup> dose)	DPT + HIB OPV, ROTA Hep B Vac Pneumococcal	22/4/09	given in India
6 Months (3 <sup>rd</sup> dose)	DPT + HIB OPV Hep B Vac Pneumococcal	5/8/09	Jay
12 Months	MMR 1 Chickenpox (varicella)	17/3/10	NA
18 Months (1 <sup>st</sup> booster)	DPT + HIB - A184387A OPV ES105 Pneumococcal - D84937	18/8/10	cap
4-6 years (2 <sup>nd</sup> booster)	DTap - C4007AA OPV - JS14-1 MMR 2 Varicella	AmjRC402 AA A7acc150A	19/6/13 Simi
11-12 years 13-16	Tetanus/DT <del>OPV</del>	Tdap 1M/LD	11/5/22 Hesty



**"Common adverse effect"**  
Pain, Redness and Swelling at injection site  
Fever

**"Treatment"**  
Give paracetamol every 6 to 8 hours as needed  
Put warm compress on injection site  
If worried about child call doctor

**Before the immunization tell your doctor if your child:**

- ⊗ Has ever had fits or convulsions
- ⊗ Had a bad reaction to the last dose
- ⊗ Is unwell in anyway

**Current Immunization Schedule in State of Qatar 2009**

Name of the Vaccine اسم التطعيم	Date التاريخ	Signature التوقيع
MMR II (M006598)	23/10/16	ast/mini

Remarks: Lt delto id -s/c ملاحظات:

Signature & Stamp: التوقيع والختيم:



Name: Arjit Pradeep الاسم:

Date of Birth: 30/1/2009 تاريخ الميلاد:

School Name: Akis اسم المدرسة:

Gender: Male الجنس:

Nationality: Indian الجنسية:

QID - 30935600984 البطاقة الشخصية:

H.C - 01845176 البطاقة الصحية: