

Next Vaccination Date

موعد التطعيم القادم

نوع اللقاح والجرعة Vaccine Type and Dose	اليوم Day	الشهر Month	السنة Year
4 MUS. VACCINE	13	06	2017
6 MONTHS	15	08	2017

Additional Vaccinations

تطعيمات أخرى

اسم اللقاح Vaccine	رقم التشغيلية Batch Number	التاريخ Date	موضع الحقن Injection Site	العيادة Clinic	التوقيع Sign.

NOTE: Adhering to the above schedule is highly recommended, however missing one dose of vaccine does not mean you missed the chance, contact the centre for a second appointment.

ملاحظة: يرجى الالتزام بالجدول الموضح أعلاه في حالة تأخر الطفل عن موعد التطعيم لا يعني أنه فقد فرصة التطعيم. اتصل بالمركز فوراً لأخذ موعد آخر.

بطاقة التطعيم
VACCINATION CARDبرنامج التطعيم
VACCINATION PROGRAM

Name of Center:

اسم المركز:

Tel. No:

رقم الهاتف:

District:

المنطقة:

Name:

الاسم:

Birth Registration No:

رقم القيد

ID No:

رقم الهوية

Nationality:

الجنسية:

Sex:

الجنس:

Year السنة Month الشهر Day اليوم

Date of Birth:

تاريخ الميلاد:

Place of Birth:

مكان الميلاد:

Address:

العنوان:

Mobile:

متحرك:

Home Tel:

هاتف المنزل:

Allergies:

حساسية:

احتفظ بهذه البطاقة وتقدم بها لمراكز التطعيم عند كل زيارة وعند التسجيل في المدرسة.
Keep this Vaccination card and present it every time you come for vaccination, and at school registration.

800 555

www.haad.ae/vaccine

A program by
هيئة الصحة
HEALTH AUTHORITY



Childhood Vaccination (From Birth to 18 Months)

تطعيمات الأطفال (من الولادة إلى 18 شهر)

برنامج التطعيم Vaccine Schedule	Vaccine*	اسم اللقاح*	رقم التشعيرة Batch Number	تاريخ التطعيم Vaccination Date			موضع الحقن Injection Site	العيادة Clinic	التوقيع Signature
				اليوم Day	الشهر Month	السنة Year			
بعد الولادة At Birth	BCG	الدين	0376 6008	10	02	17	h2 aem	KAC	2980
	Hep. B	التهاب الكبد (ب)	9443164600	10	02	17	h2 shieq		
نهاية الشهر الثاني End of 2nd Month	Hexavalent	السداسي	M771392V	13	04	2017	LVL	KAC	83044
	RV1	روتا أحادي	AP021602A	13	04	2017	OPV		
	PCV 13	النيموكوكال 13	N94876	13	04	2017	RVL		
نهاية الشهر الرابع End of 4th Month	Hexavalent	السداسي	M74012V	15	6	2017	LVL	KAC	KAC Helin
	OPV	شلل الأطفال (الفموي)	M54221V	15	6	2017	OPV		
	RV1	روتا أحادي	AP021602A	15	6	2017	RVL		
	PCV 13	النيموكوكال 13	N94876	15	6	2017	RVL		
نهاية الشهر السادس End of 6th Month	Pentavalent	الخماسي		18	8	2017		KAC	Yasser
	OPV	شلل الأطفال (الفموي)		18	8	2017			
	PCV 13	النيموكوكال 13		18	8	2017			
نهاية الشهر الثاني عشر End of 12th Month	MMR	الثلاثي الفيروسي							
	Varicella	الجديري المائي							
نهاية الشهر الثامن عشر End of 18th Month	Tetravalent	الرباعي							
	OPV	شلل الأطفال							
	PCV 13	النيموكوكال 13							
	MMR	الثلاثي الفيروسي							

NOTE: * The abbreviations are included in the last page.

ملاحظة * الاختصارات مضمنة في الصفحة الأخيرة

Sunday, Monday, Wednesday, Friday
9 to 12:30

VACCINATION GUIDE

BCG+OPV: At birth

DPT+Hep-B+Hib+OPV / Infanrix hexa:+OPV

1 st dose	6 Weeks
2 nd dose	10 Weeks
3 rd dose	14 Weeks
Booster I	18 months to 2 years
Booster II	5 Years
Booster III	10 Years

PNEUMOCOCCAL:

6 Weeks
10 Weeks
14 Weeks

MEASLES :

MMR I:

9 Months
15-18 Months

MMR II:

4½-5 Years

CHICKEN POX I:

1-1½ Years

CHICKEN POX II:

5 Years

TYPHIM Vi:

2 years of age and thereafter every
three years

HEPATITIS-A :

1st dose
2nd dose

1-1½ Years First dose
6 Months to 1 Years later.z

I.ROTARIX

(Rota Virus Vaccine)
6 Weeks 10 Weeks

FLU VAU

Every year

(Fc) Human Papiloma Virus

Doses 0,1 Then 6 Monts

433-24-89
ARIF, MUHAMMAD SAIM
09022017 022020



KARACHI AD M IMMUNIZATION RECORD

M.R. NO. 299382

NAME Mohd Saim

DATE OF BIRTH 9-2-2017.

VACCINATION TIMINGS:

Monday to Friday 9:00 AM to 1:00 PM
& 2:00 PM to 4:00 PM
Sunday 9:00 AM to 12:00 PM
Saturday CLOSED

BCG only on Sunday
Measles only on Friday
Any Query Contact on this number: 32258021

VACCINATION	DATE		WT	SIGNATURE
	Due	GIVEN		
BCG & OPV				
DPT+Hep-B+Hib+OPV OR				
1st Dose				
2nd Dose				
3rd Dose				
Booster - I (12 mos) (24 mos)				
Booster - II				
Pneumococcal-I				
Pneumococcal-II				
Pneumococcal-III				
Pneumococcal Booster				
Flu Vax				

VACCINATION	DATE		WT	SIGNATURE
	Due	GIVEN		
Hepatitis A 1st Dose	1860	13/5/19		
Hepatitis A 2nd Dose				
Typhim Vi-I				
Typhim Vi-II				
Typhim Vi-III				
Typhim Vi-IV				
Measles				
Chiken Pox - I	14/5	2/2/18	26/2/18	9/10/18
Chiken Pox - II				
MMR - I	15 mos	9/4/18	13/4/18	2/10/18
MMR - II				
Rotavirus	1			
	2			
Human Papiloma Virus	1			
	2			
	3			

Healthy tips

- Prefer a side lying position for rest and sleep
- Get in and out of bed from side lying position
- Eat nourished food regularly
- Keep yourself hydrated
- Walk regularly; this will help regularise your bowel movements
- Avoid heavy lifting
- Avoid forward bending
- If you had a caesarean delivery, your recovery time will be longer, so talk to your physiotherapist before starting anything too strenuous.

Remember:

You can't look after your baby, if you don't look after yourself.

**Department of Paediatrics and Child Health
& Department of Pharmacy Services**
Aga Khan University Hospital
Stadium Road, P.O. Box 3500, Karachi 74800, Pakistan
Tel: +92 21 3493 0051 Ext. 1495, 1573

February 2018

ICN # S215801

Healthy Early Years for a Happier Tomorrow



Important

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



آغا خان یونیورسٹی ہسپتال، کراچی

The Aga Khan University Hospital, Karachi

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HEALTH RECORD

Child's Name:

Arif Muneer Sami

Medical Record No:

433-24-89

Age/Date of Birth:

09-02-2017

Place of Birth:

Family Name:

Address:

Telephone:

**Department of Paediatrics and Child Health
& Department of Pharmacy Services**

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HEALTH SCREENING AND DEVELOPMENT ASSESSMENT

All parents should know that their children are developing well. To do a proper health screening and developmental assessment, your child must be examined by a health care provider at regular intervals until he or she starts pre-school.

We recommend that you have your child's check-up at the following ages:

- 1-2 weeks
- 6 weeks (1 ½ months)
- 10 weeks (2 ½ months)
- 14 weeks (3 ½ months)
- 6 months
- 9 months
- 15 months
- 18 months
- 2 years
- 3 years
- 4 years
- 5 years

In addition to these visits, you should not hesitate to bring your child for a check-up when you are worried about his or her health.

A visit to the health care provider or the use of injection should not be used to threaten the child in order to get him or her to listen to the parent. It may frighten the child and spoils the doctor-child relationship.

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

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

Borhan

Age	Due on	Given on	Nurse's Signature
		06-5-2020	Zaib
		13-4-18	Jouts Zaib
		26/2/18	Jouts Zaib
		06-5-2020	Zaib
		6-11-2020 7/11/20	Yusuf
		06-5-2020	Zaib
4.5 yr		11/1/21	Linan

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