

21479

Date: 20/02/2023

## **ALKHOR COMMUNITY MEDICAL CENTER**

Name: NOOR UL AIN DOB: 10/01/2021

## **IMMUNIZATION RECORD**

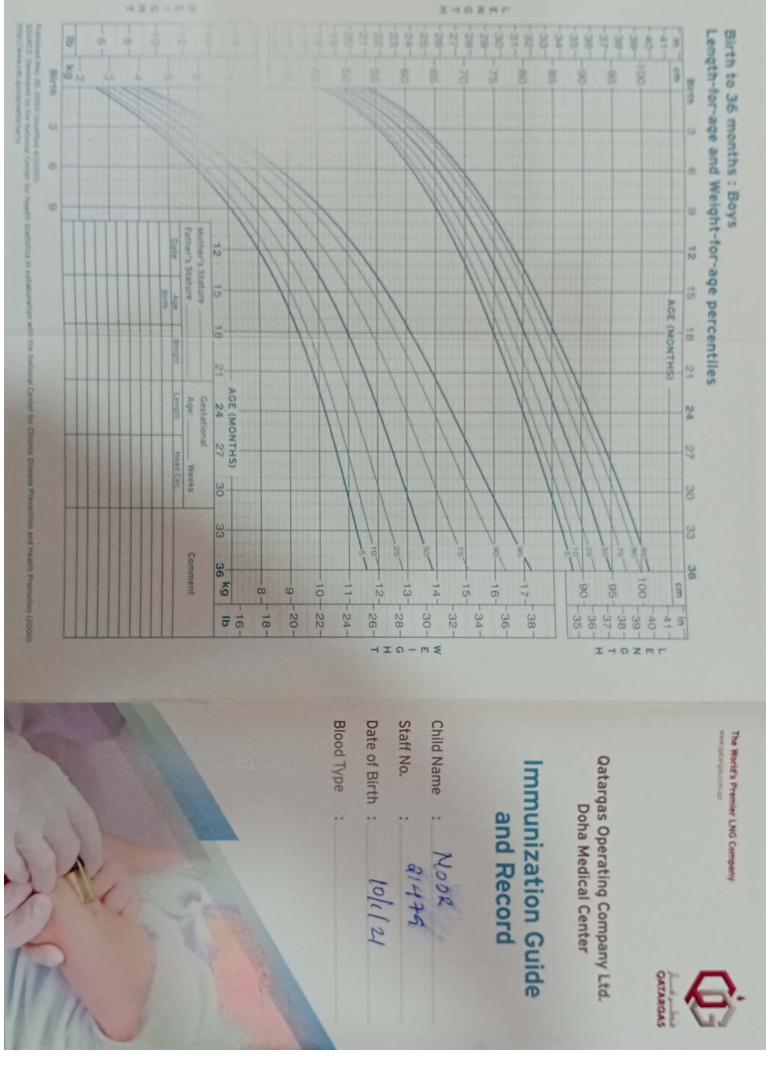
| BCG           |                  |  |  |  |  |
|---------------|------------------|--|--|--|--|
| Vaccine Given | Vaccination Date |  |  |  |  |
| OPV =0        | 16/01/2021       |  |  |  |  |
| BCG           | 16/01/2021       |  |  |  |  |
| OPV -1        | 24/01/2021       |  |  |  |  |
| ROTA -1       | 24/02/2021       |  |  |  |  |
| PCV – 1       | 24/02/2021       |  |  |  |  |
| PENTA – 1     | 24/02/2021       |  |  |  |  |
| OPV - 2       | 27/03/2021       |  |  |  |  |
| ROTA – 2      | 27/03/2021       |  |  |  |  |
| PCV - 2       | 27/02/2021       |  |  |  |  |
| PENTA – 2     | 27/03/2021       |  |  |  |  |
| OPV - 3       | 30/04/2021       |  |  |  |  |
| IPV – 1       | 30/04/2021       |  |  |  |  |
| PENTA - 3     | 30/04/2021       |  |  |  |  |
| IPV - 2       | 28/10/2021       |  |  |  |  |
| ТҮРНОІД       | 28/10/2021       |  |  |  |  |
| MR - 1        | 28/10/2021       |  |  |  |  |
| MR - 2        | 26/04/2022       |  |  |  |  |
|               |                  |  |  |  |  |
|               |                  |  |  |  |  |
|               |                  |  |  |  |  |
|               |                  |  |  |  |  |

DR. AMANI GHASOUB

**Medical Doctor** 

Al-Khor Community Medical Center/





| Meningococcal<br>ACYW135 | r<br>Influenza | Hepatitis A | Varicella |   | Preumosoccal<br>Naccine |           |                         | B<br>Penta<br>(DTaP+ HIb+HBV) | A<br>Hexa (DTaP+<br>Hib+HBV+IPV) | Hepatits B | ВСС | Age<br>Vaccine |
|--------------------------|----------------|-------------|-----------|---|-------------------------|-----------|-------------------------|-------------------------------|----------------------------------|------------|-----|----------------|
| <u>a</u>                 |                |             |           |   |                         |           |                         |                               |                                  |            |     | Birth          |
|                          |                |             |           |   |                         |           |                         |                               |                                  |            |     | 2<br>Months    |
|                          |                |             |           |   |                         |           |                         |                               |                                  |            |     | 4<br>Months    |
|                          |                |             |           |   |                         | 3         |                         |                               |                                  |            |     | 6<br>Months    |
|                          |                |             | 20/1/26   |   |                         |           |                         | 30                            |                                  |            |     | 12<br>Months   |
|                          |                |             | 12        |   |                         |           |                         | C Tetra                       |                                  |            |     | 15<br>Months   |
| A                        |                |             |           |   |                         | Contrada. |                         |                               |                                  |            |     | 18<br>Months   |
|                          |                |             |           |   |                         |           |                         |                               |                                  |            |     |                |
|                          | N              |             |           |   |                         |           |                         |                               |                                  |            |     |                |
|                          |                | 1           |           | 7 |                         |           |                         | D Tripacel E                  |                                  |            |     | 4-6<br>Years   |
|                          |                |             |           |   |                         |           |                         | E Td                          |                                  |            |     | 11-12<br>Years |
|                          |                |             |           | - | Home C                  | Comma     | Child is<br>• EI<br>• A | Followir                      | P E S                            | C. Te      | B A |                |

## **Immunization Schedule** Your Child's

- Penta: DTaP (Diphtheria, Pertusis, Tetanus) + Hib (Haemophilus nfluenza type B) + HBV (Hepatitis B) + IPV (Injectable Polio) Hexa: DTap (Diphtheria, Pertusis, Tetanus) +Hib (Haemophilus
- Tetra (DTaP+Hib)

nfluenza type B) + HBV (Hepatitis B)

- Tetanus, Diphtheria
- countries (Special cases). nfluenza, Meningococcal Meningitis, Haj, Umra, Endemic

routine administration to children Are the vaccines recommended for

is suffering from: ing immunization inform the doctor/nurse if your

- Epileptic fits, seizures or convulsions
- any untoward reaction from the previous vaccinations
- Severe cough/colds with fever and not feeling well in anyway

on Immunization Reactions ever, local swelling, redness and pain at the injection site

ocal Reaction at injection Site: Care Advice for Immunization Reactions old Pack: 20 minutes each hour as needed even Give Acetaminophen or ibuprofen as needed. ocalized Hives: Apply 1 % hydocortisone cream OTC once or twice

|  | Date    |                  |
|--|---------|------------------|
|  | Vaccine | Next Vaccination |

Email: alahlireception@qatargas.com.qa For more information Please call us at: 4408-2444