

Department of Public Health  
Supreme Council of Health  
State of Qatar



إدارة الصحة العامة  
المجلس الأعلى للصحة  
دولة قطر

H.C. Name : ..... الاسم المراد الصحي

بطاقة تحصين الطفل  
CHILD IMMUNIZATION CARD

Name : ..... الاسم

Birth Reg. No. : ..... رقم سجل

Health Care No. : ..... الرقم الصحي

Date of Birth : ..... تاريخ الميلاد

Sex : ..... الجنس

Nationality : ..... الجنسية

Address : ..... العنوان

Phone No. : ..... هاتف رقم

Blood Group : ..... فصيلة الدم

Please keep this card clean and bring it every time the child comes to the doctor  
الرجاء المحافظة على هذه البطاقة واحضها دائما لمرافقتك للطبيب  
Tel: 66740951 - 66740948 - 44070150 , Fax: 44070812

HC NUMBER: HC03885450  
NAME : KHIAR BARIJ ALFITR  
NATIONALITY : Indonesian  
DOB : 18/07/2015  
GENDER : Male  
HC Expiry : 27/07/2022

Growth Record

سجل النمو

ملاحظات Remarks	النسبة Hb %	معدل الطول H.C	الطول Hgt.	الوزن Wt.	العمر Age	التاريخ Date
	36.7%	50	118	21	6 ش/2	04/01/22

جدول التطعيمات المعتمد وفقا للحدود الصادر في عام 2010 بدولة قطر

التاريخ At Birth	التاريخ 2 Months	التاريخ 4 Months	التاريخ 6 Months	التاريخ 9 Months	التاريخ 12 Months	التاريخ 15 Months	التاريخ 18 Months	التاريخ 24 Months	التاريخ 36 Months
PCV 5 Hep B	PCV 1 Hep A 1	PCV 2 OPV	PCV 3 OPV	PCV 4 OPV	MMR 1 Hep A 2	MMR 2 OPV B1	MMR 3 OPV B1	MMR 4 OPV B1	MMR 5 OPV B1
MMR 1 Hep A 1	MMR 2 OPV B1	MMR 3 OPV B1	MMR 4 OPV B1	MMR 5 OPV B1	MMR 6 OPV B1	MMR 7 OPV B1	MMR 8 OPV B1	MMR 9 OPV B1	MMR 10 OPV B1

المصدر: منظمة الصحة العالمية، المراجعة والتحديث: المجلس الأعلى للصحة، المجلس الأعلى للتربية والتعليم والثقافة، وزارة الصحة العامة، قطر، الطباعة: 2014  
Hep A 1 - Hep B - Hep C - Hep E



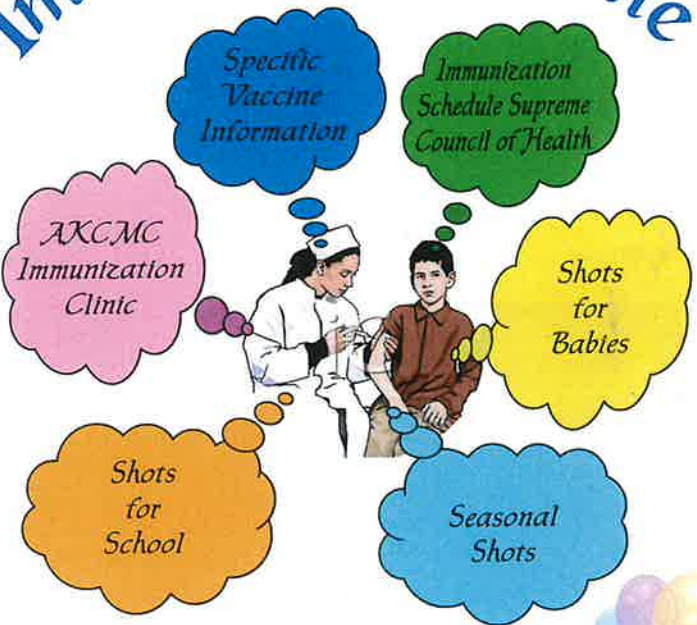
# Immunize on Time

My Name: Khair Bariq

My Birth Date: 18/07/2015

My Staff No: Q 3836

My Blood Group: \_\_\_\_\_



010: 31536000073

HC: 03885450

## Two Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
9 wks	5.4	58.2	41	36.7°		

<b>Diet:</b>	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi Vitamin <input type="checkbox"/>	Vitamin D <input type="checkbox"/>	
<b>Development:</b>	Vocalizes <input type="checkbox"/>	Lifts Head <input type="checkbox"/>	Social Smile <input type="checkbox"/>
	Kicks <input type="checkbox"/>	Follows past midline <input type="checkbox"/>	
<b>Safety:</b>	Tobacco <input type="checkbox"/>	Car Seat <input type="checkbox"/>	
	Bath Safety <input type="checkbox"/>	Toys <input type="checkbox"/>	
<b>Parenting:</b>	Fever Control <input type="checkbox"/>	Taking Temperature <input type="checkbox"/>	
	No Bottle in Crib <input type="checkbox"/>		

Vaccination	Given by	Site & Route	Batch No.	Date
Hexa Penta	} Susan	Lt thigh IM	APO019	} 21/09/15
PCV 1		Rt thigh IM	J13200	
Rota 1		ora	ARULBOWBA	
OPV		ora	LS153	

Notes: \_\_\_\_\_

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## 4 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
4 mos	6.9 kg	63 cm	41 cm	36.6°C		

<b>Diet:</b>	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Vitamin D <input type="checkbox"/>	
<b>Development:</b>	Laughs <input type="checkbox"/>	Prone Lifts Head <input type="checkbox"/>	Grasp Rattle <input type="checkbox"/>
	Rolls Over One Way <input type="checkbox"/>	Head Steady Sitting <input type="checkbox"/>	
<b>Safety:</b>	Tobacco <input type="checkbox"/>	Car Seat <input type="checkbox"/>	Bath Safety <input type="checkbox"/>
	Toys <input type="checkbox"/>	No Shaking <input type="checkbox"/>	
<b>Parenting:</b>	Fever Control <input type="checkbox"/>	Taking Temperature <input type="checkbox"/>	
	No Bottle in Crib <input type="checkbox"/>		

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 1	Susan	1t thigh IM	AP0019	22/11/15
PCV 2		RT thigh IM	J13200	
Rota 2		ORAL	AP02B30B3	
OPV 1		ORAL	LS153	

Notes:

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## 6 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
6 mos	7.4kg	65	42	36.3		

<b>Diet:</b>	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Solids <input type="checkbox"/>	
<b>Development:</b>	Babbles <input type="checkbox"/>	Pulled to Sit <input type="checkbox"/>	Reaches for Objects <input type="checkbox"/>
	Mouth Objects <input type="checkbox"/>	Rolls Over Both Ways <input type="checkbox"/>	
<b>Safety:</b>	Tobacco <input type="checkbox"/>	Child Proof Home <input type="checkbox"/>	Bath Safety <input type="checkbox"/>
	Safe High Chair <input type="checkbox"/>	No Shaking <input type="checkbox"/>	
<b>Parenting:</b>	Talk, Play <input type="checkbox"/>	Bed Time Schedule <input type="checkbox"/>	Offers Cup <input type="checkbox"/>
<b>Dental:</b>	No Bottle in Crib <input type="checkbox"/>	Avoid Sweets <input type="checkbox"/>	Cleaning Gum <input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 2	Julia	Lt thigh IM	APO019	27/01/16
PCV3		Rt thigh IM	J13200	
OPV2		oral	Z5153	

Notes:

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## 12 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
12 mos.	8.5 kg	70 cm	44-5 cm	36°C		

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|---------------------|----------------|--------------------------|-----------------|--------------------------|-------------------|--------------------------|
| <b>Diet:</b>        | Breast Milk    | <input type="checkbox"/> | Formula         | <input type="checkbox"/> | Mixed             | <input type="checkbox"/> |
|                     | Finger Foods   | <input type="checkbox"/> | Solids          | <input type="checkbox"/> |                   |                          |
| <b>Development:</b> | Says Mama      | <input type="checkbox"/> | Walks with Help | <input type="checkbox"/> | Hold Cup to Drink | <input type="checkbox"/> |
|                     | Bangs Objects  | <input type="checkbox"/> | Waves Bye       | <input type="checkbox"/> | Understands No    | <input type="checkbox"/> |
| <b>Safety:</b>      | Tobacco        | <input type="checkbox"/> | Nuts            | <input type="checkbox"/> | Child Proof Home  | <input type="checkbox"/> |
|                     | Hot Water      | <input type="checkbox"/> | Pools           | <input type="checkbox"/> | Car Seat          | <input type="checkbox"/> |
| <b>Parenting:</b>   | Discipline     | <input type="checkbox"/> |                 |                          |                   |                          |
| <b>Dental:</b>      | Tooth Brushing | <input type="checkbox"/> | Avoid Sweets    | <input type="checkbox"/> | Bottle Caries     | <input type="checkbox"/> |

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 1	Tri Astuti	Rt arm SC	A1URD170AB	26/Sep/16
Varicella 1		Rt arm SC	A70C 792A	
Hepatitis A1		Lt thigh IM	A11AVB876A	

Notes:

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## 15 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate
17 mos.	15.2 kg	76.5 cm	46.5 cm	36.3°C		

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|---------------------|-------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|
| <b>Diet:</b>        | Breast Milk       | <input type="checkbox"/> | Fresh Milk         | <input type="checkbox"/> | Table Food       | <input type="checkbox"/> |
| <b>Development:</b> | 3 Word Vocabulary | <input type="checkbox"/> | Walks              | <input type="checkbox"/> | Use Cup          | <input type="checkbox"/> |
|                     | Indicates Wants   | <input type="checkbox"/> | 2 Cube Tower       | <input type="checkbox"/> |                  |                          |
| <b>Safety:</b>      | Tobacco           | <input type="checkbox"/> | Teach Hot and Cold | <input type="checkbox"/> | Child Proof Home | <input type="checkbox"/> |
|                     | Car Seat          | <input type="checkbox"/> |                    |                          | Drowning         | <input type="checkbox"/> |
| <b>Parenting:</b>   | Self Feeding      | <input type="checkbox"/> | Simple Games       | <input type="checkbox"/> | Temper Tantrums  | <input type="checkbox"/> |
| <b>Dental:</b>      | Tooth Brushing    | <input type="checkbox"/> | Avoid Sweets       | <input type="checkbox"/> | Bottle Caries    | <input type="checkbox"/> |

Vaccination	Given by	Site & Route	Batch No.	Date
Tetra	}	Tri	Lt. <sup>arm</sup> thigh in	A14CA229A
PCV B			Rt. arm in	M80175
} 01/01/2017				

Notes: \_\_\_\_\_

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## 18 Months Visit

Age	Weight	Height	Head Circumference	Temperature	Pulse	Respiratory Rate
20mo	9.0	79	45	36.9 C		

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|--------------------|------------------|--------------------------|--------------------|--------------------------|-----------------|--------------------------|
| <b>Diet:</b>       | Breast Milk      | <input type="checkbox"/> | 3 Meal/Day-Snacks  | <input type="checkbox"/> | Fresh Milk      | <input type="checkbox"/> |
| <b>Developmen:</b> | 4 to 10 Words    | <input type="checkbox"/> | Scribbles          | <input type="checkbox"/> | Climbs Stairs   | <input type="checkbox"/> |
|                    | Household Chores | <input type="checkbox"/> | Answers Questions  |                          |                 |                          |
| <b>Safety:</b>     | Tobacco          | <input type="checkbox"/> | Electrical Outlets | <input type="checkbox"/> | Hot Water       | <input type="checkbox"/> |
|                    | Drowning         | <input type="checkbox"/> |                    |                          |                 |                          |
| <b>Parenting:</b>  | Toilet Training  | <input type="checkbox"/> | Play with Others   | <input type="checkbox"/> | Temper Tantrums | <input type="checkbox"/> |
| <b>Dental:</b>     | Tooth Brushing   | <input type="checkbox"/> | Avoid Sweets       | <input type="checkbox"/> | Bottle Caries   | <input type="checkbox"/> |

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 2	JAY	LT Arm	AMUR22577	26/3/2017
Hepatitis A2		RT Arm IM	L044557	
OPV B		ORAL	2044615	

Notes: \_\_\_\_\_

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