

YOUR CHILD'S IMMUNIZATION SCHEDULE

VACCINES / AGE	BIRTH	2 MONTHS	4 MONTHS	6 MONTHS	12 MONTHS	18 MONTHS	4-6 YEARS	11-12 YEARS
BCG								
HEPATITIS B								
DIPHTHERIA, TETANUS, PERTUSSIS				SEPT 23, 2010				
HAEMOPHILUS INFLUENZAE TYPE B								Drp BCYB197AS 5/7/15 Astak
ORAL POLIO VACCINE								K5386 5/7/15 Astak
PNEUMOCOCCAL CONJUGATE VACCINE								Astak
MEASLES, MUMPS, RUBELLA								
VARICELLA (CHICKEN POX)								
INFLUENZAE								
HEPATITIS A								
ROTA VIRUS								
MENINGOCOCCAL ACYW135								

Following Immunization inform the doctor/nurse if your Child is suffering from:

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

Common Adverse Effects:

Pain, Redness, Swelling, Fever

Homecare Remedies:

Give analgesics/antipyretics (Adol) every 6 to 8 hourly as needed. If symptoms persist please see the doctor.