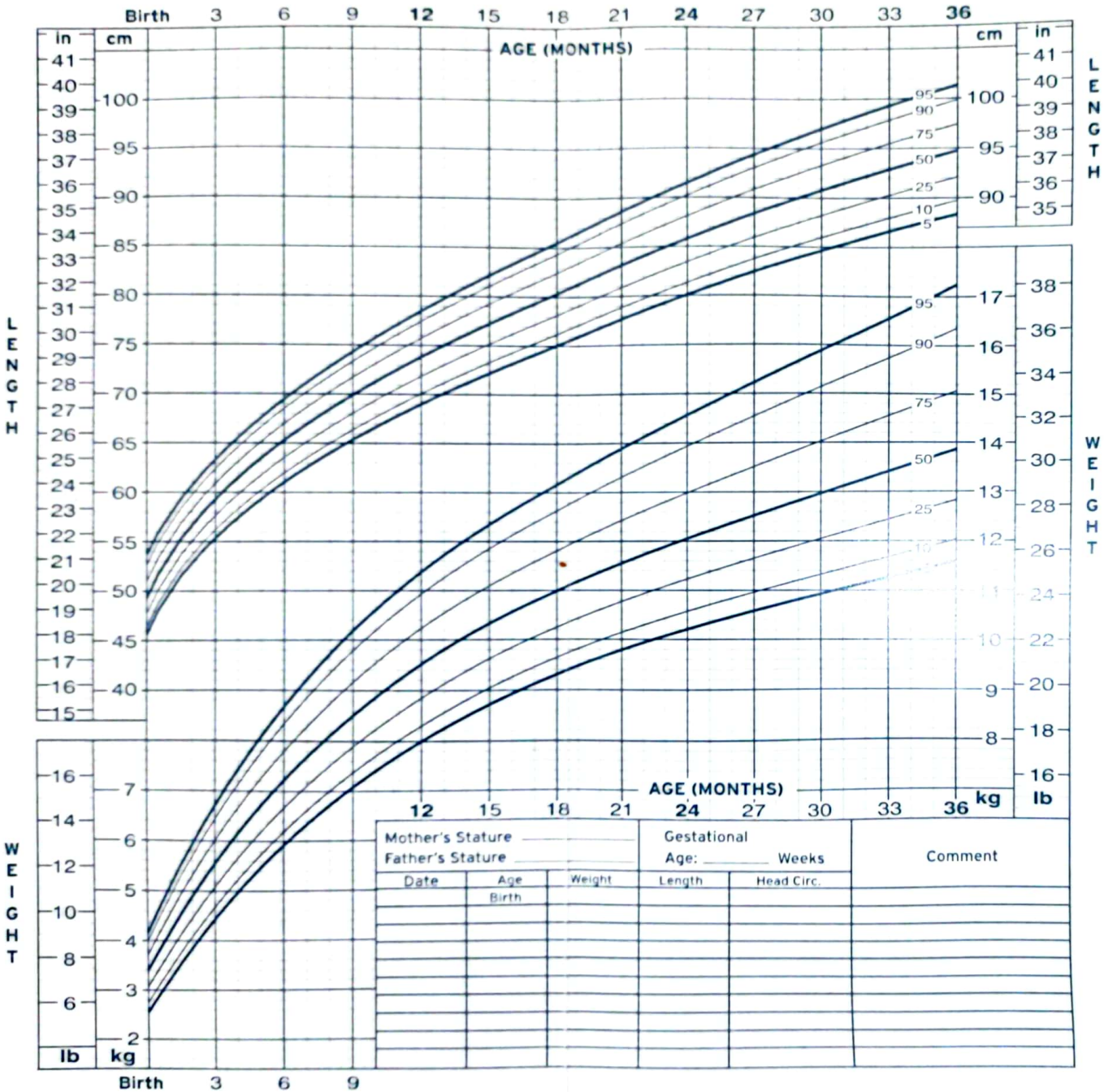
Birth to 36 months : Boys
Length-for-age and Weight-for-age percentiles



Published May 30, 2000 (modified 4/20/01).
SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000)
http://www.cdc.gov/growthcharts

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Doha Medical Center

Immunization Guide and Record

Child Name : Awab Nadir Fagier Gafar

Staff No. : 21180

Date of Birth : 23/12/17

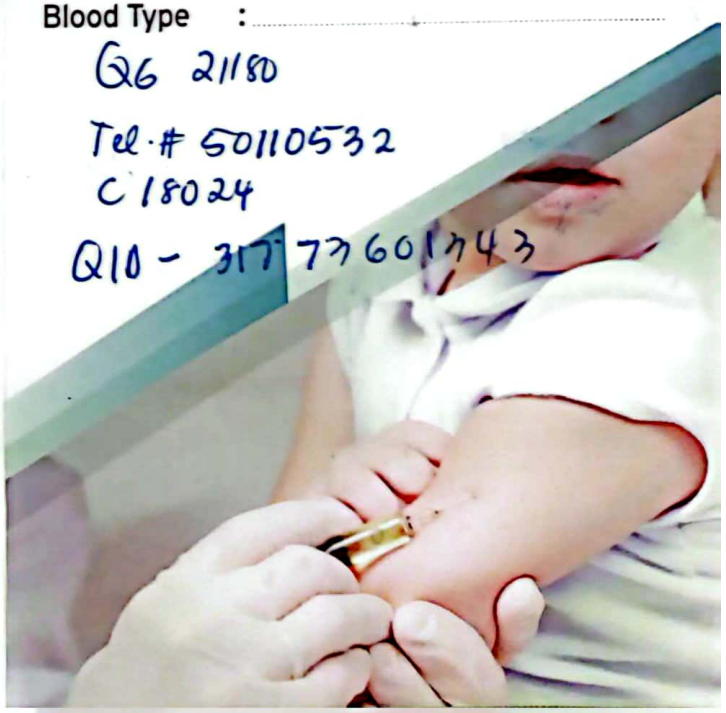
Blood Type :

Q6 21180

Tel.# 50110532

C 18024

Q10 - 317 77601743



Vaccine \ Age	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months			4-6 Years	11-12 Years
BCG	27/12/17										
Hepatits B											
A Hexa (DTaP+ Hib+HBV+IPV)										PHC	
B Penta (DTaP+ Hib+HBV)		4/2/18	5/3/18	11/4/18		C Tetra				D Tdap 8/8/22	E Td
Rotavirus		4/2/18	5/3/18							PHC	
Oral Polio Vaccine	27/12/17	4/2/18	5/3/18	11/4/18	IPV 11/4/18					8/8/22	
Pneumococcal Vaccine		4/2/18	5/3/18	11/4/18							
Measles, Mumps, Rubella			Measles 29/10/18	Measles 17/6/19	2/8/22		11/10/22 4039614				
Varicella					2/8/22					11/10/22 4039469	
Hepatitis A					2/8/22		16/8/23				
F Influenza											
F Meningococcal ACYW135											

Your Child's Immunization Schedule

A. Hexa: DTap (Diphtheria, Pertusis, Tetanus) +Hib (Haemophilus influenza type B) + HBV (Hepatitis B) + IPV (Injectable Polio)

B. Penta: DTaP (Diphtheria, Pertusis, Tetanus) + Hib (Haemophilus influenza type B) + HBV (Hepatitis B)

C. Tetra (DTaP+Hib)

D. Tripacel

E. Tetanus, Diphtheria

F. Influenza, Meningococcal Meningitis, Haj, Umra, Endemic countries (Special cases).

Are the vaccines recommended for routine administration to children

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 Immunization Reactions

Fever, local swelling, redness and pain at the injection site

Home Care Advice for Immunization Reactions

Local Reaction at injection Site:

Cold Pack : 20 minutes each hour as needed

Fever: Give Acetaminophen or Ibuprofen as needed.

Localized Hives: Apply 1 % hydocortisone cream OTC once or twice.

Next Vaccination	
Date	Vaccine

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