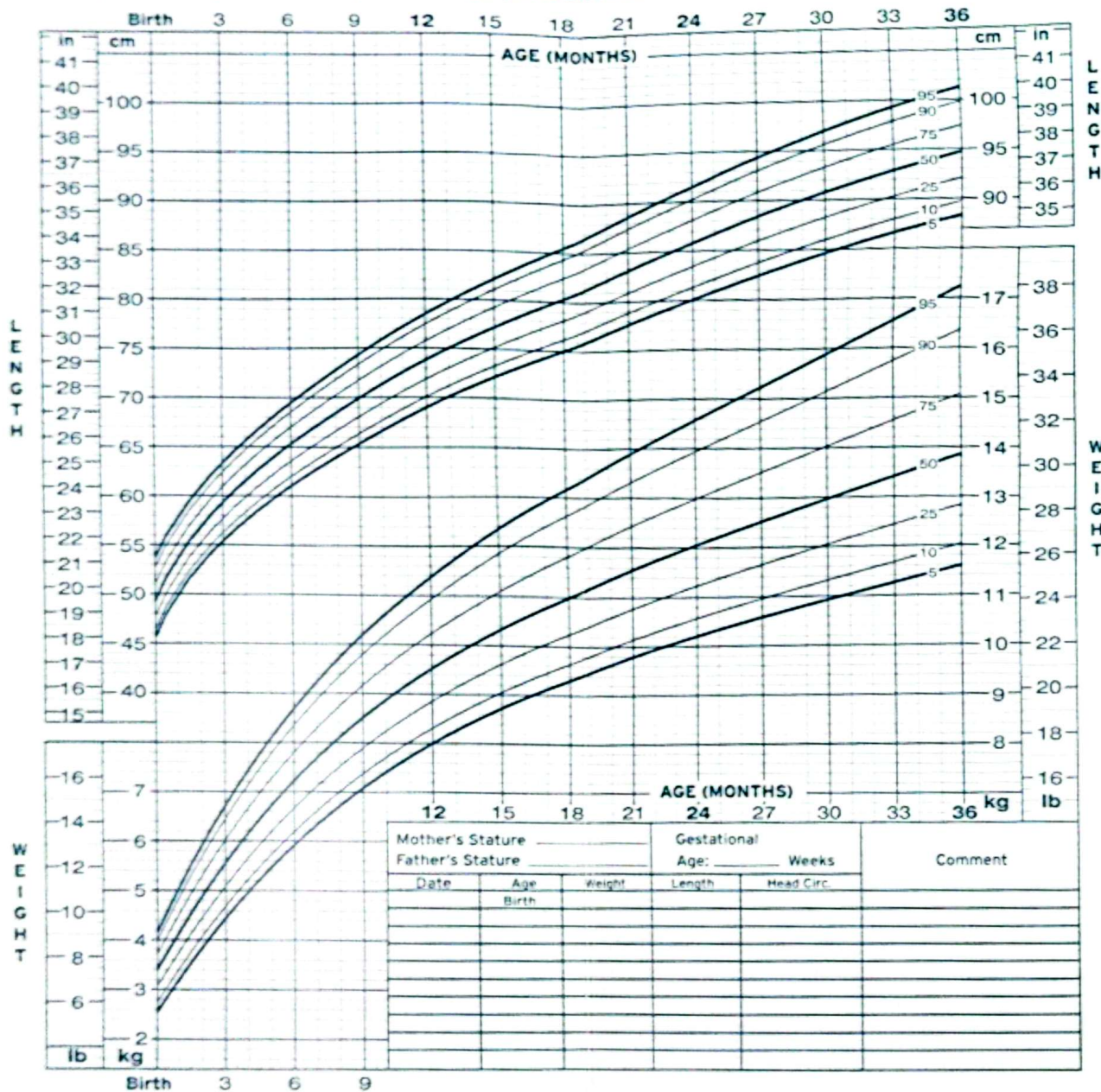


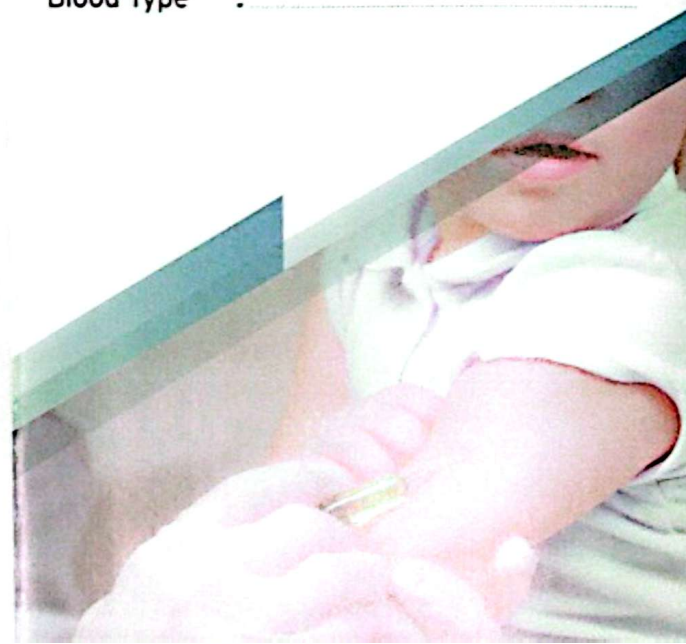
Birth to 36 months : Boys
Length-for-age and Weight-for-age percentiles



Qatargas Operating Company Ltd.
Doha Medical Center

Immunization Guide and Record

Child Name : Abdul Handi
 Staff No. : 22560
 Date of Birth : 27 / 08 / 19
 Blood Type : _____



Published May 30, 2000 (modified 4/29/01).
 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>

Age	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months			4-6 Years	11-12 Years
Vaccine											
BCG	27/03/19										
Hepatitis B											
A Hexa (DTaP+ Hib+HBV+IPV)											
B Penta (DTaP+ Hib+HBV)	11/10/19	11/11/19	18/12/19					C Tetra		D Tripart	E Td
Rotavirus	11/10/19	11/11/19									
Oral Polio Vaccine	11/10/19	11/11/19	18/12/19						07/10/24 18054029		
Pneumococcal Vaccine (PCV 10)	11/10/19	11/11/19	18/12/19								
Measles, Mumps, Rubella									07/10/24 X018237		
Varicella									07/10/24 X0004779		
Hepatitis A									07/10/24 AAAVD132 X0		
F Influenza											
F Meningococcal ACYW135											

Name: Abdul Hadi Staff #: 22560
 Please book an appointment in the reception or call
 4473-5777/4473-5701.

The date below is not an appointment.
 Due date of next vaccination: 07/01/2025
 4-6 years old
 13-18 Years old
 (MMR, Varicella, 10:00 penta)
 We can't proceed with vaccination if the date booked is before the specified date. Thank you!

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% hydrocortisone cream OTC once or twice.

Next Vaccination	
Date	Vaccine
18/12/19	IPV
5/9/20	Measles 1
25/11/20	Measles 2

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