



HEALTH RECORD

Child's Name: Amna QAMAR
 Medical Record No: 557-69-99
 Age/Date of Birth: 8/10/13
 Place of Birth: Akmecc HYD
 Family Name: QAMAR
 Address: Kathora Colony
 Telephone: +92 332205 8633

Important
 Please keep this vaccination booklet in a safe place and bring it along with you on every visit.

**THE AGA KHAN UNIVERSITY HOSPITAL AND AFFILIATED CLINICAL SITES
 IMMUNIZATION SCHEDULE FOR CHILDREN**

Age	Name of Vaccines	Dose	Route
At Birth	1. BCG	0.05 ml (0-3 mo) 0.1 ml (> 3 mo)	Intradermal (preferred deltoid)
	2. Polio Virus (OPV)	2 drops	PO
6 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
10 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
	4. Rotavirus*	1 ml	PO
14 Weeks	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Pneumococcal Conjugate Vaccine	0.5 ml	IM
	4. Rotavirus*	1 ml	PO
9 Months	1. Measles / MMR	0.5 ml	SC
12 Months	1. Hepatitis A*	0.5 ml	IM
	2. Measles/Measles-Mumps-Rubella (MMR) or MMR-Varicella*	0.5 ml	SC
15 Months	1. Measles-Mumps-Rubella or MMR-Varicella**	0.5 ml	SC
	2. Pneumococcal Conjugate Vaccine*	0.5 ml	IM
18 Months	1. Diphtheria-Pertussis-Tetanus-Hepatitis B-Hemophilus Influenza type b	0.5 ml	IM
	2. Polio Virus (OPV)	2 drops	PO
	3. Hepatitis A*	0.5 ml	IM
> 2 Years	1. Typhoid*	0.5 ml	IM
	2. Varicella (if not given earlier)*	0.5 ml	SC
	3. Meningococcal Conjugate Vaccine*	0.5 ml	IM
4-5 Years	1. Diphtheria-Tetanus-Pertussis-Hepatitis B Hib**	0.5 ml	IM
	2. Measles-Mumps-Rubella or MMR-Varicella**	0.5 ml	SC
	3. Polio Virus (OPV)	2 drops	PO

a. MMR-varicella should be given if available. If MMRV not available given MMR at 15 months and Varicella can be given at 2 years and 4-5 years as separate injections.
 b. Tetanus toxoid 0.5 ml IM is indicated for children between 10-15 years of age.
 * These vaccines are not currently supported by the National Expanded Programme for Immunisations (EPI), Pakistan, because of expense issues, but are strongly recommended by the Department of Paediatrics and Child Health, AKU.
 PO = Per Oral - IM = Intramuscular - SC = Subcutaneous

Booster x 3/9/2019

Age	Name of Vaccines	Given on Date / Time	Next Dose Date	Nurse's Name with Designation
		10/10/13		
		27/11/13		NA
		27/12/13		NA
		28/1/14		NA
	measles	28/6/14		
	HepA	22/10/14		
		27/10/14		
		31/1/15		NA
		15/4/15		NA
	HepA	13/6/15		NA
	Typh			
	Mumps	9/11/15		NA
	C/P/RSV	30/1/19		NA
	Hep	30/1/19		NA

Typh 1/3/19 3/9/19 3/4/2022 15 Jan MMR-T-C-C