| Vaccine | Birth Months | 4 Months | 6 Months | 12 Months | 15 Months | 18 | 4-6 | 13 - |
|----------------------------------|--------------|--------------|-------------|--------------|----------------|--------------------|---------------------|------|
| BCG 10 | (u/2020 | | | | | Months | Years | Yea |
| Hepatits B | U Books | | | | | | | |
| A Penta (DTP+Hib+HBV) | | 5 q a 20 5 | 10/200 | ę | Tetra | | D DINE | |
| B Hexa (DTaP+ Hib+HBV+IPV) | | Hexa | | | | | D DToP (Booster) | Ē Ţ |
| Rotavirus | 4/8/pain | 19/0°20 | | 2 . , | | | | |
| Oral Polio Vaccine | 4/c/ps 20 e | 1 9 ps 30 | 0 20 | | | OPV (Booster 1) | OPV | |
| Pneumococcal Conjugate | 4/8/2020 C | 1 (may 2) 10 | (25ª | (6 | PCV coater) | Booster 1) | Booster 2) | |
| Measies, Mumps, Rubelia | | | | (R1 | , A.F. | MMR 2 | | |
| Varicella | | | 27/8/5 | at a | | Vä | ricella 2 | |
| Hepatitis A | | | | | Н | P.A.2 | | |
| Influenza | | 7 | 27/8/2 | 7 | enza (Yearly) | | | |
| leningococcal ACYW135 | | | | | | | | |

| | 13 | | |
|-------------------------------|---|--|---|
| A. Penta | Sum | (a) | Important: Your child cannot be given the next vaccine/s if the date booked is before the specified date. Thank you. |
| influe | 1 | Sall Hard | Scin |
| B. Hexa: | | 300 | va Th |
| (Haem | 1 3 | - to | ext te. |
| (Inacti | 1213 | See of | e n |
| C. Tetra: | 12/2/ | TO SEE OF | n tł fiec |
| (Haen | to gar | ₹ e | give |
| D. DTaP: | 0 | int | be g e s |
| E. Tdap: | 7 | ent | ot e |
| | 3 4 3 | th old | ann fore |
| | A ST | 13 to 18 years old 13 to 18 years old book an appointm 77/44735701. | ld c |
| | 当日年 | ears years app | chi d is |
| | AS if | an 473 | oke |
| | :: j ig \$ | 3 to 204 //4 | t: 76 |
| Following i | Name: 46 h | Please book an appointment in the 44735777/44735701. | ate |
| Child is su | Van Itafi | 735 | bed . |
| • Epile | - vi Z | P. 44 | Important: Your child cannot be given the next vaccin if the date booked is before the specified date. Thank you. |
| Any untow | ard reaction from | Tr. | |
| Severe cou | igh/colds with fev | er and not footie | mations |

 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@gatargas.com.qa