



# My Immunization Health Record



My Photograph

# Immunize on Time

My Name: Prithvi Sooraj

My Birth Date: 14-03-2018

My Staff No: Q5323

My Blood Group: \_\_\_\_\_

Specific  
Vaccine  
Information

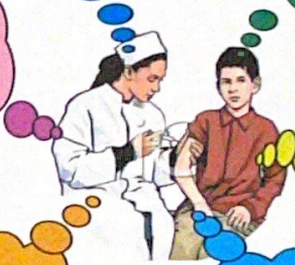
Immunization  
Schedule Supreme  
Council of Health

AXCMC  
Immunization  
Clinic

Shots  
for  
Babies

Shots  
for  
School

Seasonal  
Shots



### IMMUNIZATION SCHEDULE IN THE STATE OF QATAR 2011

Schedule/Vaccines	At Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	24 Months	3 – 4 Years	4 – 6 Years	11 – 12 Years
Bacille Calmette-Guerin	BCG										
Hepatitis B	HBVO							HBSeries			
*Hexa (DTaP+Hib+HBV+IPV)		Hexa									
**Penta (DTap+Hib+HBV)			Penta-1	Penta-2		Tetra				DTaPB	Td
Rotavirus		Rota1	Rota2								
Oral Polio Vaccine			OPV1	OPV2			OPV1B			OPV2B	
Pneumococcal Vaccine		PCV1	PCV2	PCV3		PCVB					
MMR Vaccine					MMR1		MMR2				
Varicela					VER					VER2	
Hepatitis A					HepA1		HepA2				
Influenza											
Meningococcal ACYW135											

## Two Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

<b>Diet:</b>	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Multi-Vitamin <input type="checkbox"/>	Vitamin D <input type="checkbox"/>	
<b>Development:</b>	Vocalizes <input type="checkbox"/>	Lifts Head <input type="checkbox"/>	Social Smile <input type="checkbox"/>
	Kicks <input type="checkbox"/>	Follows past midline <input type="checkbox"/>	
<b>Safety:</b>	Tobacco <input type="checkbox"/>	Car Seat <input type="checkbox"/>	
	Bath Safety <input type="checkbox"/>	Toys <input type="checkbox"/>	
<b>Parenting:</b>	Fever Control <input type="checkbox"/>	Taking Temperature <input type="checkbox"/>	
	No Bottle in Crib <input type="checkbox"/>		

Vaccination	Given by	Site & Route	Batch No.	Date
Hexa				
PCV 1	}	RT thigh IM	558700	} 15-7-2018
Rota 1		oral	AR0LB756A1	

Notes: \_\_\_\_\_

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## 4 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

- |                     |                    |                          |                     |                          |              |                          |
|---------------------|--------------------|--------------------------|---------------------|--------------------------|--------------|--------------------------|
| <b>Diet:</b>        | Breast Milk        | <input type="checkbox"/> | Formula             | <input type="checkbox"/> | Mixed        | <input type="checkbox"/> |
|                     | Multi-Vitamin      | <input type="checkbox"/> | Vitamin D           | <input type="checkbox"/> |              |                          |
| <b>Development:</b> | Laughs             | <input type="checkbox"/> | Prone Lifts Head    | <input type="checkbox"/> | Grasp Rattle | <input type="checkbox"/> |
|                     | Rolls Over One Way | <input type="checkbox"/> | Head Steady Sitting | <input type="checkbox"/> |              |                          |
| <b>Safety:</b>      | Tobacco            | <input type="checkbox"/> | Car Seat            | <input type="checkbox"/> | Bath Safety  | <input type="checkbox"/> |
|                     | Toys               | <input type="checkbox"/> | No Shaking          | <input type="checkbox"/> |              |                          |
| <b>Parenting:</b>   | Fever Control      | <input type="checkbox"/> | Taking Temperature  | <input type="checkbox"/> |              |                          |
|                     | No Bottle in Crib  | <input type="checkbox"/> |                     |                          |              |                          |

Vaccination	Given by	Site & Route	Batch No.	Date
<del>Penta 1</del> Hera	Simi	lt thigh IM	M75661V	15-7-2018
PCV 2				
Rota 2				
OPV 1	Simi	oral	N3J951V	15-7-2018

Notes:

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## 6 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

<b>Diet:</b>	Breast Milk	<input type="checkbox"/>	Formula	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
	Multi-Vitamin	<input type="checkbox"/>	Solids	<input type="checkbox"/>		
<b>Development:</b>	Babbles	<input type="checkbox"/>	Pulled to Sit	<input type="checkbox"/>	Reaches for Objects	<input type="checkbox"/>
	Mouth Objects	<input type="checkbox"/>	Rolls Over Both Ways	<input type="checkbox"/>		
<b>Safety:</b>	Tobacco	<input type="checkbox"/>	Child Proof Home	<input type="checkbox"/>	Bath Safety	<input type="checkbox"/>
	Safe High Chair	<input type="checkbox"/>	No Shaking	<input type="checkbox"/>		
<b>Parenting:</b>	Talk, Play	<input type="checkbox"/>	Bed Time Schedule	<input type="checkbox"/>	Offers Cup	<input type="checkbox"/>
<b>Dental:</b>	No Bottle in Crib	<input type="checkbox"/>	Avoid Sweets	<input type="checkbox"/>	Cleaning Gum	<input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
Penta 2	} Wilma	LT thigh IM inj	137Q7010A	} 18 Sept 2018
PCV3		RT thigh IM inj	S58700	
OPV2		PO RT thigh IM inj <small>error with</small>	P3J10	

Notes:

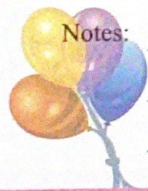
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## 12 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

<b>Diet:</b>	Breast Milk <input type="checkbox"/>	Formula <input type="checkbox"/>	Mixed <input type="checkbox"/>
	Finger Foods <input type="checkbox"/>	Solids <input type="checkbox"/>	
<b>Development:</b>	Says Mama <input type="checkbox"/>	Walks with Help <input type="checkbox"/>	Hold Cup to Drink <input type="checkbox"/>
	Bangs Objects <input type="checkbox"/>	Waves Bye <input type="checkbox"/>	Understands No <input type="checkbox"/>
<b>Safety:</b>	Tobacco <input type="checkbox"/>	Nuts <input type="checkbox"/>	Child Proof Home <input type="checkbox"/>
	Hot Water <input type="checkbox"/>	Pools <input type="checkbox"/>	Car Seat <input type="checkbox"/>
<b>Parenting:</b>	Discipline <input type="checkbox"/>		
<b>Dental:</b>	Tooth Brushing <input type="checkbox"/>	Avoid Sweets <input type="checkbox"/>	Bottle Caries <input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 1	Gareshma		TRESIVAC B.No. 210000428 Mfg. APR 2019 Exp. SEP 2020	18/3/19
Varicella 1 <i>variped.</i>	Gareshma		Mfg. Date: 18-03-19 Batch No: 18-03-19 Exp. Date: 18-03-19	18/3/19
Hepatitis A1	Gareshma			18/4/19

Notes: \_\_\_\_\_

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Please scan here to add the vaccine to my record

Date of Vaccination: B.No. 20170927-3

Mid: 19092017

Expiry 18092019

L.I. No. m-5033/1

## 15 Months Visit

Age	Weight	Length	Head Circumference	Temperature	Pulse	Respiratory Rate

- |                     |                   |                          |                    |                          |                  |                          |                                   |
|---------------------|-------------------|--------------------------|--------------------|--------------------------|------------------|--------------------------|-----------------------------------|
| <b>Diet:</b>        | Breast Milk       | <input type="checkbox"/> | Fresh Milk         | <input type="checkbox"/> | Table Food       | <input type="checkbox"/> |                                   |
| <b>Development:</b> | 3 Word Vocabulary | <input type="checkbox"/> | Walks              | <input type="checkbox"/> | Use Cup          | <input type="checkbox"/> |                                   |
|                     | Indicates Wants   | <input type="checkbox"/> | 2 Cube Tower       | <input type="checkbox"/> |                  |                          |                                   |
| <b>Safety:</b>      | Tobacco           | <input type="checkbox"/> | Teach Hot and Cold | <input type="checkbox"/> | Child Proof Home | <input type="checkbox"/> | Drowning <input type="checkbox"/> |
|                     | Car Seat          | <input type="checkbox"/> |                    |                          |                  |                          |                                   |
| <b>Parenting:</b>   | Self Feeding      | <input type="checkbox"/> | Simple Games       | <input type="checkbox"/> | Temper Tantrums  | <input type="checkbox"/> |                                   |
| <b>Dental:</b>      | Tooth Brushing    | <input type="checkbox"/> | Avoid Sweets       | <input type="checkbox"/> | Bottle Caries    | <input type="checkbox"/> |                                   |

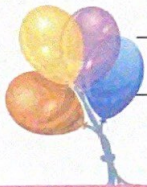
Vaccination	Given by	Site & Route	Batch No.	Date
Tetra				
PCV B				

Notes: \_\_\_\_\_

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## 18 Months Visit

Age	Weight	Height	Head Circumference	Temperature	Pulse	Respiratory Rate

<b>Diet:</b>	Breast Milk	<input type="checkbox"/>	3 Meal/Day-Snacks	<input type="checkbox"/>	Fresh Milk	<input type="checkbox"/>
<b>Developmen:</b>	4 to 10 Words	<input type="checkbox"/>	Scribbles	<input type="checkbox"/>	Climbs Stairs	<input type="checkbox"/>
	Household Chores	<input type="checkbox"/>	Answers Questions			
<b>Safety:</b>	Tobacco	<input type="checkbox"/>	Electrical Outlets	<input type="checkbox"/>	Hot Water	<input type="checkbox"/>
	Drowning	<input type="checkbox"/>				
<b>Parenting:</b>	Toilet Training	<input type="checkbox"/>	Play with Others	<input type="checkbox"/>	Temper Tantrums	<input type="checkbox"/>
<b>Dental:</b>	Tooth Brushing	<input type="checkbox"/>	Avoid Sweets	<input type="checkbox"/>	Bottle Caries	<input type="checkbox"/>

Vaccination	Given by	Site & Route	Batch No.	Date
MMR 2	<i>[Signature]</i>	SC <i>[Signature]</i>	R032970	<i>[Signature]</i> 30/10/19
Hepatitis A2	<i>[Signature]</i>	Im	<small>LOT/MPD/EXPIRY DATE: AHA V8986AD 08-2018 07-2021</small>	18/10/19
OPV B	<i>[Signature]</i>	PO R300	<b>Inactivated Hepatitis A Vaccine (Adsorbed) IP</b> Havrix 720	30/10/19
<i>Tetra (Alternative)</i> <i>Penta</i>	<i>[Signature]</i>	IM/RT	<small>Storage: +2°C to +8°C. DO NOT FREEZE. Protect from light. Shake well before use. For IM use Import Licence: SY-15-476 Refer Leaflet Mfd by: GSK Biologicals S.A., Rixensart, Belgium. Imp-by: GSK Pharmaceuticals Ltd., Chesham, UK MMP No: 1126.00 incl. of all taxes. Individual components not to be sold separately. 495093</small>	30/10/19

## 4 – 6 Years Visit

Age	Weight	Height	Blood Pressure	Temperature	Pulse	Respiratory Rate

- Diet:**            3 Meals & Snacks     Importance of Breakfast   
                       Avoid Junk Food
- Development:**    Clear Speech     Copies Square     Throws Ball   
                           Toilet Trained     Tolerates Separation
- Safety:**            Tobacco     Safety Belts     Watch Outdoor Play   
                           Water Safety     Burns
- Parenting:**        TV Programs     Role Playing     School
- Dental:**            Tooth Brushing     Avoid Sweets     Dental Visit

Vaccination	Given by	Site & Route	Batch No.	Date
DTaPB				
Varicella 2				
OPV B				

Notes:

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