

IMMUNISATION SCHEDULE

Name: _____ Date of Birth: _____

Sl.No	Age of the child	Name of the Vaccine	Due Date	Given Date	Manufacture and batch no.	Signature
1	Birth	BCG, OPV, Hepatitis B(1 st)				
2	6 Weeks	DTP/ DTaP + HiB+OPV/ IPV Pneumococcal Vaccine(1 st)				
3	10 weeks	DTP/DtaP +HiB+OPV/IPV Pneumococcal Vaccine(2 nd)				
4	14 Weeks	DTP/ DTaP +HiB+ OPV/IPV, Pneumococcal Vaccine(3 rd) Rotavirus(2 nd)				
5	6 months	Hepatitis B(3 rd), OPV,* First Dental Check Up				
6	9 Months	MMR, OPV				
7	10 Months	Conjugate Typhoid				
8	12 Months	Pnemococcal(4 th Dose), Hepatitis A (1 st)				
9	15 Months	MMR (1 st), Chicken Pox (1 st)				
10	18 Months	DPT / DTaP +OPV / IPV +HiB,(1 st Booster) Hepatitis A (2 nd)				
11	2 Years	Conjugate Typhoid				
12	3 Years	***MMR (2 nd) ***Chicken Pox (2 nd)				
13	5 Years	DPT / DTaP, OPV /IPV(2 nd Booster)				
14	10 Years	Tdap/dt/ TT				
15	Any time after 6 Months of age	** Influenza (Flu) Vaccine				

Note: In spite of mild cold or cough vaccines can be given. Vaccines should be avoided if there is any fever in last 24 hours.

*First Dental check with the dentist starts at 6 months age and recommended 6 monthly till 2 years age.

** Please discuss with your doctor about the need of influenza Vaccine every year.

***The second dose of MMR and Varicella may be administered before age 5 years, provide at least 4 weeks have elapsed since the first dose.

Ref.: <http://www.cdc.gov/vaccines/recs/acip>