

Immunisation record

To be completed by the doctor/nurse giving the immunisation.

Child's name _____ Date of birth _____

AGE	IMMUNISATION	DATE GIVEN	NEXT DOSE	BATCH NO.
2 months	DTP			
	SABIN (Polio)			
4 months	DTP (INFANT)			
	SABIN (Polio)			
	HibTITER or PedvaxHIB			
6 months	DTP			
	SABIN (Polio)			
	HibTITER			
12 months	MEASLES			
	MUMPS (MMR)			
	RUBELL			
	PedvaxHIB			
18 months	DTP			
	HibTITER			
Prior to school entry (4-5 years)	DTP			
	SABIN (Polio)			
	MMR			
15 years or school leaving	ADT (Adult Diphtheria & Tetanus) SABIN (Polio)			