



# Immunisation Record

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

Name \_\_\_\_\_

DOB  / /

AGE	Date Given	Batch No.	Providers Signature	Informed Consent (Client initials)	Next Dose
<b>Birth</b>					
Hepatitis B					
<b>6 - 8 weeks</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>4 months</b>					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
Pneumococcal					
Rotavirus					
<b>6 months</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis, poliomyelitis, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B					
<b>12 months</b> (Check additional vaccines required for children at risk)					
Meningococcal / ACWY					
Measles, mumps and rubella (MMR)					
Pneumococcal					
<b>18 months</b>					
Measles, mumps , rubella and varicella (MMRV)					
<i>Haemophilus influenzae</i> type b (Hib)					
Diphtheria, tetanus, pertussis (DTPa) booster					
<b>4 years</b> (Check additional vaccines required for children at risk)					
Diphtheria, tetanus, pertussis and poliomyelitis					