

Child Immunization Card
Children of Hope

First name:	Second name:	Date of birth DD/MM/YYYY
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When	Immunisations	Protects against	Date given DD/MM/YYYY
At birth:	BCG	Tuberculosis	
	OPV 0 (oral)	Polio	
6 weeks	OPV 1 (oral)	Polio	
	DPT-HepB-HiB 1	Difteria/Pertussis/Tetanus/Hepatitis B Hemophilus Influenza type B	
	PCV 1	Pneumococcal Pneumonia	
10 weeks	OPV 2 (oral)	Polio	
	DTP-HepB-HiB 2	Difteria/Pertussis/Tetanus/Hepatitis B Hemophilus Influenza type B	
	PCV 2	Pneumococcal Pneumonia	
14 weeks	OPV 3 (oral)	Polio	
	DTP-HepB-HiB 3	Difteria/Pertussis/Tetanus/Hepatitis B Hemophilus Influenza type B	
	PCV 3	Pneumococcal Pneumonia	
	IPV (injection)	Polio	
9 months	Measels	Measles/Morbilli	

For girls only:

10 years	HPV	Genital warts and Cervical cancer	
10+ 1/12 years	HPV	Genital warts and Cervical cancer	
10+ 6/12 years	HPV	Genital warts and Cervical cancer	
15 years	Td	Tetanus	