Newborn Immunization Record Card

Newborn Information

Name:

Date of Birth:

Sex:

Mother's Name:

Father's Name:

Address:

Contact Number:

Immunization Record

Vaccine	Date Given	Batch No./Expiry	Given By	Remarks
BCG				
Hepatitis B (Birth Dose)				
OPV				
DTaP				
Hib				
IPV				
Pneumococcal				
Rotavirus				

Next Due Date

Vaccine/Dose:

Due Date:

Notes