

Your Child's Vaccination Record

Childs Name: _____

Date of birth: _____ / _____ / _____

Age	Vaccine	Date Obtained	Signature
Birth	Hepatitis B (HEP B)		
6 weeks	Hepatitis B*		
	Diphtheria, tetanus and acellular pertussis (DTPε		
	Haemophilus influenzae type b/Poliomyelitis (HIB – IPV,		
	Oral Rotavirus (RVV)		
	Pneumococcal conjugate vaccine (7v PCV		
4 months	Hepatitis B*		
	Diphtheria, tetanus and acellular pertussi		
	Haemophilus influenzae type b/Poliomyelitis vaccin		
	Oral Rotavirus		
	Pneumococcal conjugate vaccine		
6 months	Hepatitis B*		
	Diphtheria, tetanus, rotavirus and acellular pertuss		
	Haemophilus influenzae type b/Poliomyelitis vaccin		
	Pneumococcal conjugate vaccine		
12 months	Haemophilus influenzae type t		
	Hepatitis A+		
	Measles, mumps and rubella (MMR		
	Meningococcal C		
	Pneumococcal conjugate vaccine +		
18 months	Chicken Pox vaccine		
	Hepatitis A+		
	Measles, mumps and rubellε		
4 years	Diphtheria, tetanus and acellular pertussi		
	Poliomyelitis vaccine		
	Measles, mumps and rubella /		
10-13 years	Hepatitis B# (1 st & 2 nd doses)		
	Chicken pox vaccine (1 st dose only)		
12-13 years	Cervical cancer vaccine (3 doses)		
15-17 years	Diphtheria, tetanus and acellular pertussis (dJpε		
65 years plus	Streptococcus Pneumoniae (5 yearly		
	Influenza (annually)		

Notes

- * Total 3 doses required following birth dose
- ^ Only if one dose of MMR previously given
- # Only administer to children who have not been immunised previously for hepatitis
- + Check for eligibility

Additional info is available from <http://immunisationcalculator.sahealth.sa.gov.au/SAOct2014.p>

Doctors name _____
 address: _____ ph: _____
 Dentists name _____
 address: _____ ph: _____
 Medicare # _____ Sub # _____
 Private Insurer _____ Table _____
 Medical notes _____