

लसीकरणाचे वेळापत्रक

Immunization Schedule

Name : _____ Sex : _____ D.O.B. : _____ Birth Wt : _____

Age	Vaccine	Due Date	Given Date	Batch No.
Birth	BCG			
	OPV0			
	Hep B1			
6 Weeks	DTwP1 / DTaP1			
	IPV1			
	Hib1			
	Hep B2			
	PCV1			
	Rota1			
10 Weeks	DTwP2 / DTaP2			
	IPV2			
	Hib2			
	Hep B3			
	PCV2			
	Rota2			
14 Weeks	DTwP3 / DTaP3			
	IPV3			
	Hib3			
	Hep B4			
	PCV3			
	Rota3			
6 Months	Influenza1			
7 Months	Influenza2			
6–9 Months	Typhoid			
9 Months	MMR1 + Vit A1			
	MCV1			
12 Months	MCV2			
	Hep A1			
	JE1			
13 Months	JE2			
15 Months	MMR2 + Vit A2			
	Varicella1			
	PCV Booster			
16–18 Months	DTwP / DTaP Booster1			
	IPV Booster1			
	Hib Booster1			
18–19 Months	Hep A2			
	Varicella2			
4–6 Years	DTwP / DTaP Booster2			
	IPV Booster2			
	MMR3			
9 Years (Female)	HPV1			
9.5 Years (Female)	HPV2			
10–12 Years	Tdap			

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