

# NATIONAL IMMUNIZATION SCHEDULE

IMMUNIZATION SCHEME OF MASTER / MISS \_\_\_\_\_ CLASS \_\_\_\_\_

SPIN \_\_\_\_\_

*Please write 'Yes' or 'No', as the case may be, in the last column.*

Sr. No.	BENEFICIARIES	AGE	VACCINE	No. OF DOSES	VACCINATED YES / NO
1	FOR INFANTS	D.O.B. TO 3 MONTHS	BCG	1 DOSE	
2	CHILDREN	6 WEEKS TO 9 MONTHS	DPT OPV	3 DOSES Each at interval of 1 month	
3	- do -	9 MONTHS TO 12 MONTHS	MEASLES	1 DOSE	
4	- do -	ALL BOYS/GIRLS BETWEEN AGE OF 15 MONTHS & BELOW PUBERTY	MMR (MEASLES BOOSTER, MUMPS, RUBELLA)		
5	- do -	16 TO 24 MONTHS	DPT and OPV	BOOSTER	
6	- do -	5 TO 6 YEARS	DT	1 DOSE - the second dose of DT should be given at an interval of one month if there is no clear history or documented evidence of previous immunization with DPT.	
7	- do -	Aged above 6 years	TYPHOID Vaccine Typoral	On day 1, 3, 5. A Booster (same 3 doses) is recommended once every three years.	
8	- do -	At 10 years and at 16 years	TETANUS TOXID	The second dose of TT Vaccine should be given at an interval of one month if there is no clear history or documented evidence of previous immunization with DPT, DT or TT Vaccine.	

Additional Information :-

(1) Blood Group : \_\_\_\_\_

(2) Any history of allergy: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

NAME : \_\_\_\_\_

# RECORD FORM FOR STUDENTS

(Cutting not allowed)

NAME OF STUDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

STUDENT'S PERSONAL IDENTIFICATION No. (SPIN) \_\_\_\_\_

CLASS \_\_\_\_\_ GENDER \_\_\_\_\_ L.F. No. \_\_\_\_\_

DATE / YEAR OF ADMISSION \_\_\_\_\_ CASTE SC / ST / OBC / GEN. : \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

RAILWAY/NON-RAILWAY/DEPUTATION/RETIRED \_\_\_\_\_ NAME OF RLY \_\_\_\_\_

NAME OF RAILWAY EMPLOYEE \_\_\_\_\_  
(Father / Mother, tick as the case may be)

DESIGNATION \_\_\_\_\_ OFFICE ADDRESS \_\_\_\_\_

Name of Brother / Sister studying in Oak Grove School :-

- |     |       |       |       |
|-----|-------|-------|-------|
| (1) | _____ | Class | _____ |
| (2) | _____ | Class | _____ |
| (3) | _____ | Class | _____ |

PERMANENT HOME ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRESPONDENCE ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT PHONE No. : (O) \_\_\_\_\_ (R) \_\_\_\_\_

DATE : \_\_\_\_\_

Signature of parent \_\_\_\_\_

PLACE : \_\_\_\_\_

Full Name : \_\_\_\_\_