

Medical Record

Blood Group : _____

I) Immunization History:

Vaccination	Age	Yes ()	No ()
a) BCG	(0-2 weeks)		
b) DPT (I, II, III)	(6-24 weeks)		
c) Oral Polio Vaccine (OPV)	(6 doses)		
d) Measles	(8-9 months)		
e) MMR	(15-18 months)		
f) DT	(4-6 years)		
g) HBV-Hepatitis (I, II, III)	(upto 24 weeks)		
h) Hi B (Meningitis-3 doses)	Under 1 year		
i) Chicken Pox	after 1 year of age		
j) Typhoid	after 2 year of age		
k) Hepatitis A (2 doses)	after 1 year of age		

Note : Vaccines (a) to (g) are compulsory
(h) to (k) are optional, but recommended

II) History of past illness :

Specific ailments suffered in the past : _____

Surgery undergo (if any) : _____

Allergy (if any) : _____