

REPUBLIC OF KENYA— MINISTRY OF HEALTH
CHILD HEALTH CARD— IMMUNIZATION
Particulars of child and mother, see reverse

CLINIC'S NAME

CLINIC'S No. CHILD No.

TYPE OF IMMUNIZATION	DATE	PLACE
TUBERCULOSIS (B.C.G)		
POLIOMYELITIS (ORAL)	1 st Dose	
	2 nd Dose	
	3 rd Dose	
D.P.T		
(DIPHTERIA, WHOOPING , COUGH, TETANUS)	1 st Dose	
	2 nd Dose	
	3 rd Dose	
MEASLES		
BOOSTERS	TYPE	
	TYPE	
	TYPE	
OTHER IMMUNIZATIONS	TYPE	
	TYPE	

SIBLINGS (brothers and sisters)

	NAME	DATE OF BIRTH	SEX	ALIVE	DEAD
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					