

# VACCINATION RECORD



# Vaccination, the best protection

## **This booklet is an important document.**

It is the only record of all the vaccines you have received.  
You will need it all your life, so keep it in a safe place and keep it up to date.  
Take it with you to each medical appointment.

**For optimal protection, it is important to follow the  
regular vaccination schedule. Make an appointment  
at the recommended ages to avoid delays.**

# IDENTIFICATION

**Family name:**

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**Given name:**

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Date of birth: YEAR / MONTH / DAY

Sex:     Male     Female

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Health insurance number:

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Mother's family name:

Mother's given name:

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Father's family name:

Father's given name:

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Current telephone number:  
(in case booklet is lost)

(USE PENCIL AND CORRECT AS NEEDED)

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# BIRTH

Place of birth (locality):

Time:

Name of institution:

Length of pregnancy:

Type of delivery:       vaginal       caesarean section

Birth weight:                      /g

Blood group:

Apgar score:

Cranial circumference:              /cm

Rh factor:

Length:                                      /cm











# Regular vaccination schedule

(as of September 1<sup>st</sup>, 2016)

Certain vaccines are recommended for everyone.  
They are part of the regular vaccination schedule.

Vaccine protecting against:	At 2 months	At 4 months	At 6 months	At 12 months	At 18 months	Between 4 and 6	Elementary 4	Secondary 3	After 60
Diphtheria-tetanus-whooping cough-hepatitis B-polio-Hib	✓	✓	✓ (without hepatitis B)		✓				
Pneumococcus	✓	✓		✓					✓ (65 and over)
Rotavirus	✓	✓							
Flu (fall/winter)			✓*						✓
Meningococcus C				✓				✓	

\* At the age of 6 months or as soon as the vaccine is available (fall/winter), then each year until the age of 2.

# Regular vaccination schedule (continued)

(as of September 1<sup>st</sup>, 2016)

<b>Vaccine protecting against:</b>	<b>At 2 months</b>	<b>At 4 months</b>	<b>At 6 months</b>	<b>At 12 months</b>	<b>At 18 months</b>	<b>Between 4 and 6</b>	<b>Elementary 4</b>	<b>Secondary 3</b>	<b>After 60</b>
<b>Measles-mumps-rubella</b>				✓	✓				
<b>Chicken pox</b>					✓	✓			
<b>Diphtheria-tetanus-whooping cough-polio*</b>						✓		✓ (without polio)	
<b>Hepatitis B</b> (the vaccine used protects also against hepatitis A)							✓		
<b>Human papillomavirus</b>							✓		

\* A dose of Tdap vaccine is also indicated for all adults. Thereafter, a booster dose of diphtheria and tetanus is needed every 10 years.

Other vaccinations may be recommended for reasons of health, work, activities or travel.







# Pneumococcal infections

<b>Date</b> <small>(year-month-day)</small>	<b>Name of vaccine</b> <small>(print)</small>	<b>Dose/route of admin.</b>	<b>Signature</b>





# Meningococcal infections

**Date**

(year-month-day)

**Name of vaccine**

(print)

**Dose/route of admin.**

**Signature**

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature

# Hepatitis B

<b>Date</b> (year-month-day)	<b>Name of vaccine</b> (print)	<b>Dose/route of admin.</b>	<b>Signature</b>

# Human Papillomavirus (HPV)

<b>Date</b> (year-month-day)	<b>Name of vaccine</b> (print)	<b>Dose/route of admin.</b>	<b>Signature</b>

## Hepatitis A and hepatitis B (combined vaccine)

<b>Date</b> (year-month-day)	<b>Name of vaccine</b> (print)	<b>Dose/route of admin.</b>	<b>Signature</b>

## Hepatitis A

<b>Date</b> (year-month-day)	<b>Name of vaccine</b> (print)	<b>Dose/route of admin.</b>	<b>Signature</b>









# Tuberculin Skin Test (TST)

**Date**

(year-month-day)

**Dose/route of admin.**

**Signature**

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**Date of reading**

**Reaction** (in mm)

**Signature**

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**Date**

(year-month-day)

**Dose/route of admin.**

**Signature**

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**Date of reading**

**Reaction** (in mm)

**Signature**

---

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**Date**  
(year-month-day)

**Dose/route of admin.**

**Signature**

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**Date of reading**

**Reaction** (in mm)

**Signature**

---

---

**Date**  
(year-month-day)

**Dose/route of admin.**

**Signature**

---

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**Date of reading**

**Reaction** (in mm)

**Signature**

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# Tuberculosis

<b>Date</b> <small>(year-month-day)</small>	<b>Name of vaccine</b> <small>(print)</small>	<b>Dose/route of admin.</b>	<b>Signature</b>

# Rabies

<b>Date</b> <small>(year-month-day)</small>	<b>Name of vaccine</b> <small>(print)</small>	<b>Dose/route of admin.</b>	<b>Signature</b>


# Typhoid

**Date**

(year-month-day)

**Name of vaccine**

(print)

**Dose/route of admin.**

**Signature**

# Japanese encephalitis

**Date**

(year-month-day)

**Name of vaccine**

(print)

**Dose/route of admin.**

**Signature**

Date (year-month-day)	Name of vaccine (print)	Dose/route of admin.	Signature

# Other vaccines

**Date**

(year-month-day)

**Name of vaccine**

(print)

**Dose/route of admin.**

**Signature**

Vaccine against:

Vaccine against:

Vaccine against:

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Vaccine against:

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Vaccine against:

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Vaccine against:

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Vaccine against:

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## Other vaccines

<b>Date</b> (year-month-day)	<b>Name of vaccine</b> (print)	<b>Dose/route of admin.</b>	<b>Signature</b>
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Vaccine against: \_\_\_\_\_

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Vaccine against: \_\_\_\_\_

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Vaccine against: \_\_\_\_\_



# Immunoglobulins

**Date**

(year-month-day)

**Name of vaccine**

(print)

**Dose/route of admin.**

**Signature**

Immunoglobulins against: \_\_\_\_\_

Immunoglobulins against: \_\_\_\_\_

Immunoglobulins against: \_\_\_\_\_

## Yellow fever

Staple International Certificate  
of Vaccination or Prophylaxis here



