

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:

Given name:

Date of birth: YEAR / MONTH / DAY

Sex: Male Female

Health insurance number:

Mother's family name:

Mother's given name:

Father's family name:

Father's given name:

Current telephone number:
(in case booklet is lost)

(USE PENCIL AND CORRECT AS NEEDED)

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Diphtheria (d or D) - Tetanus (T) - Pertussis (whooping cough) (ap or aP) - Hepatitis B (HB) - Poliomyelitis (IPV) - <i>Hæmophilus influenzae</i> type b infections (Hib) 10		Rabies.	24
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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

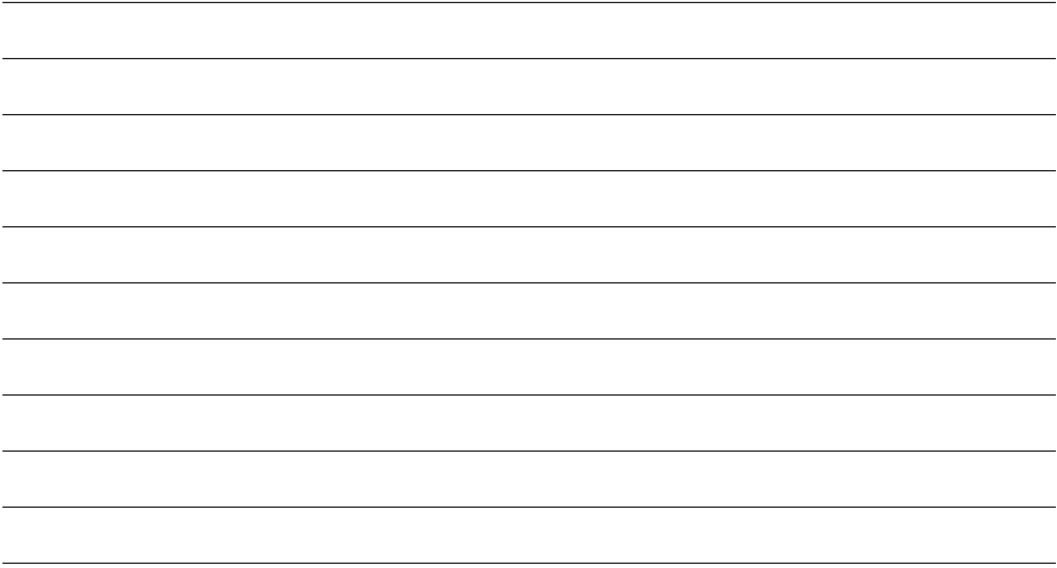
Blood group:

Apgar score:

Cranial circumference: /cm

Rh factor:

Length: /cm



Regular vaccination schedule

(as of September 1st, 2020)

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

Vaccine protecting against:	At 2 months	At 4 months	At 12 months	At 18 months	Between 4 and 6	Elementary 4	Secondary 3	After 50
Diphtheria-tetanus-whooping cough-hepatitis B-polio-Hib	✓	✓	✓ (without hepatitis B)					
Pneumococcus	✓	✓	✓					✓ (65 and over)
Rotavirus	✓	✓						
Flu (fall/winter)								✓ (75 and over)
Meningococcus C				✓			✓	

Regular vaccination schedule (continued)

(as of September 1st, 2020)

Vaccine protecting against:	At 2 months	At 4 months	At 12 months	At 18 months	Between 4 and 6	Elementary 4	Secondary 3	After 50
Measles-mumps-rubella-varicella			✓	✓				
Diphtheria-tetanus-whooping cough-polio					✓			
Diphtheria-tetanus							✓	✓
Hepatitis A-hepatitis B				✓				
Human papillomavirus*						✓	✓	

* Since September 2020, the 1st dose is administered in Grade 4 and the 2nd one in Secondary 3.

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

Pneumococcal infections

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

Meningococcal infections

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

Hepatitis B

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Human Papillomavirus (HPV)

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Hepatitis A and hepatitis B (combined vaccine)

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Hepatitis A

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Flu

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Tuberculin Skin Test (TST)

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Date

(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Date
(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Date
(year-month-day)

Dose/route of admin.

Signature

Date of reading

Reaction (in mm)

Signature

Tuberculosis

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

Rabies

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

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:

Vaccine against: _____

Vaccine against: _____

Vaccine against: _____

Vaccine against: _____

Other vaccines

Date

(year-month-day)

Name of vaccine

(print)

Dose/route of admin.

Signature

Vaccine against:

Vaccine against:

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



