

NATIONAL IMMUNIZATION SCHEDULE

IMMUNIZATION SCHEME OF MASTER / MISS _____

CLASS _____

SPIN _____ (FOR OFFICE USE)

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 -	18 TO 24 MONTHS	DPT and OPV	BOOSTER	
6	- do -	5 TO 8 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) _____ (FOR OFFICE USE)

CLASS _____ GENDER _____ L.F. No _____ (FOR OFFICE USE)

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 : _____

PLACE : _____

Signature of parent _____

Full Name : _____