



ST. ALOYSIUS SCHOOL GAUR

SAIT Campus, Gauraiya Ghat, Jabalpur (M.P.)

SCHOOL HEALTH RECORD

Please refer CBSE Circular No. 15, CBSE/ACAD/AEO(L)/2012 dated 24/02/2012

Name of Student.....M/F.....Class.....

Date of BirthBlood Group.....

Father's Name.....Mother's Name.....

VACCINATIONS

Immunization	Age Recommended	Due Date	Date of Vaccination
B.C.G.	0-1 Month		
Hepatitis B	At birth		
	1 Month		
	6 Months		
D.P.T.	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At birth		
	1 Month		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MMR	16 Months		
DPT + OPV + HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPT	4½ Years		

BOOSTER DOSES

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Date..... Signature of Father.....Signature of Mother.....