



**ADMISSIONS OFFICE**  
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 Al Hamriyah – Kingdom of Bahrain

## IMMUNIZATION RECORD

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Month/Day/Year)

IMMUNIZATION	DATE RECEIVED	APPROX. AGE WHEN RECEIVED	CLINIC / HOSPITAL WHERE RECEIVED
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**Recommended Schedule**

DPT (diphtheria, pertussis, tetanus) / Polio / HB / HiB (2 months)			
DPT / Oral Polio / HB / HiB (4 months)			
DPT / HB / HiB / Oral Polio (6 months)			
MMR (measles, mumps, rubella) / Hep. A (12-15 months)			
DPT / Polio / Hep. B + HiB (Booster)(18 months)			
Meningococcal / Hep. A (2 years)			

DTaP / MMR / Oral Polio (Booster) (4-6 years)			
MMR Booster (measles, mumps, rubella) (at 12 years, if not given, as scheduled above)			
Hep. A (12 years)			
Tdap (Booster) / Hep. A (13 years)			

**Tuberculin Test**

(Type of Test)	Date	Results

(Type of Test)	Date	Results

**May also have been received**

BCG (tuberculosis vaccination)			
Cholera			
Typhoid			
Yellow fever			
Meningitis			
Varicella			
Hepatitis A Series			
Rota Vaccine			
Conjugated Pneumococcal Vaccine			
Influenza			
H1N1			