Province of Laguna
City of Santa Rosa
City Health Office II

NATIONAL IMMUNIZATION PROGRAM
BABY'S RECORD

Child's Name:____
Address:____
Birthdate: ____________ **Sex:**________
Wt. at birth:________ **No. of Child:**________
Lt. at Birth:________
Mother's Name:__________________ **Exclusively Breastfeeding: YES or NO**
Father's Name:___________________ **New Born**
ScreeninDate:_________
Tetanus Status of Mother:__________

IMMUNIZATION RECORD		
BCG_______	Hepa at birth w/in 24 hours Hepa after 24 hours	
Penta1_______ Penta2_______ Penta3_______	OPV1_______ OPV2_______ OPV3_______ IPV ________	Measles________ Vit A________ MMR________

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