Sample Child Health/Immunization Card, Including Vitamin A and Albendazole

Child/ Family Information			
Name of Child *(family, given)*			
Sex/Gender *(mark one)*	Female ☐	Male ☐	
Birthdate of Child	Day:	Month:	Year:
Name of Mother *(family, given)*			
Name of Father *(family, given)*			
Address of Residence			

Age of Child	Vitamin A Date Distributed *(dd/mm/yy)*	Albendazole 400mg Date Distributed *(dd/mm/yy)*	Next Distribution Date *(dd/mm/yy)*
0-5 Months	DO NOT GIVE	DO NOT GIVE	
6-11 Months	100,000 IU:	DO NOT GIVE	
12-17 Months	200,000 IU:	1/2 Tablet:	
18-23 Months	200,000 IU:	1/2 Tablet:	
24-29 Months	200,000 IU:	1 Tablet:	
30-35 Months	200,000 IU:	1 Tablet:	
36-41 Months	200,000 IU:	1 Tablet:	
42-47 Months	200,000 IU:	1 Tablet:	
48-53 Months	200,000 IU:	1 Tablet:	
54-59 Months	200,000 IU:	1 Tablet:	

Vaccine	Date Distributed *(dd/mm/yy)*	Next Distribution Date *(dd/mm/yy)*
BCG		
DTP1		
DTP2		
DTP3		
OPV0		
OPV1		
OPV2		
OPV3		
MEASLES		
HepB0		
HepB1		
HepB2		
HepB3		

Other Services Provided	Date Distributed *(dd/mm/yy)*	Next Distribution Date *(dd/mm/yy)*
Insecticide Treated Bed Net		