



Trivandrum International School

HEALTH FORM-3

[TO BE FILLED BY A PHYSICIAN]

Admission No:

Alternately, the parent can attach photocopies of the immunization record with dates duly signed by a physician

IMMUNIZATION HISTORY

All the children must have completed their childhood minimum vaccination requirements for their ages as per NATIONAL IMMUNIZATION SCHEDULE at the time of seeking admission to **Trivandrum International School**. Kindly indicate the date of Immunization of the child against each.

Immunization	Recommended age of Immunization	Date
BCG & OPV dose (For institutional deliveries)	at birth	<input type="text" value="/ /"/>
BCG (if not given at birth)	at 6 weeks 3 months	<input type="text" value="/ /"/>
DPT-1 & OPV-1	at 6 weeks	<input type="text" value="/ /"/>
Measles	at 10 weeks	<input type="text" value="/ /"/>
DPT-3 & OPV-3	at 9 months	<input type="text" value="/ /"/>
DT	at 16-24 months	<input type="text" value="/ /"/>
TT	at 5-6 months	<input type="text" value="/ /"/>
	at 10 & 16 years	<input type="text" value="/ /"/>

OTHER RECOMMENDED VACCINATIONS (Please furnish the dates)

Hepatitis B Vaccine MMR Typhoid Vaccine Rabies Pneumococcal
Hemophilus Influenzae (HIB) Vaccine Hepatitis A Vaccine Meningococcal vaccine
Varicella virus vaccine (Chicken Pox)

Name of Physician Registration No. Signature

Address _____