

## FORM FOR VACCINATION RECORDS AT HEALTH FACILITY



Name and year of survey

UNDER-FIVE CHILD INFORMATION PANEL		HF
This form must be appended to the QUESTIONNAIRE FOR C	HILDREN UNDER FIVE for each ch	ild.
HF1. Cluster number:	HF2. Household number:	
HF3. Child's name and line number:	HF4. Mother's / Caretaker's name	e and line number:
NAME	NAME	
<b>HF5</b> . Name and number of field staff recording at facility:	HF6. Interviewer's name and num	ber:
NAME	NAME	
<b>HF7</b> . Day / Month / Year of facility visit: / / / 20	HF8. Record the time:	HOURS : MINUTES
HF9. Child's day, month and year of birth: Copy from UB2 in the UNDER-FIVE'S BACKGROUND Module of the QUESTIONNAIRE FOR CHILDREN UNDER FIVE	<b>HF10</b> . Write the name of health fa	
		'
HF15. Result of health facility visit:	RECORDS AVAILABLE AT FA COPIED NOT COPIED (specify)	01
	RECORDS NOT AVAILABLE A	
	OTHER (specify)	96

IMMUNIZATION									
<b>HF11</b> . Record day, month and year of on vaccination record/card:	f birth as written					_/	/	<u> 0</u>	
HF12.									
(a) Copy dates for each vaccination				DATE	OF IM	MUNIZ	ATION	ſ	
(b) Write '44' in day column if card		DA	ΑY	MOI	NTH		YE	AR	
vaccination was given but no dat	te recorded.							<u> </u>	
BCG	BCG					2	0		
HepB (at birth)	HepB0					2	0		
Polio (OPV) (at birth)	OPV0					2	0		
Polio (OPV) 1	OPV1					2	0		
Polio (OPV) 2	OPV2					2	0		
Polio (OPV) 3	OPV3					2	0		
Polio (IPV)	IPV					2	0		
Pentavalent (DPTHibHepB) 1	Penta1					2	0		
Pentavalent (DPTHibHepB) 2	Penta2					2	0		
Pentavalent (DPTHibHepB) 3	Penta3					2	0		
Pneumococcal (Conjugate) 1	PCV1					2	0		
Pneumococcal (Conjugate) 2	PCV2					2	0		
Pneumococcal (Conjugate) 3	PCV3					2	0		
Rotavirus 1	Rota1					2	0		
Rotavirus 2	Rota2					2	0		
Rotavirus 3	Rota3					2	0		
MMR/MR 1	MMR/MR1					2	0		
MMR/MR 2	MMR/MR2					2	0		
Yellow Fever	YF					2	0		
Td Booster 1	Td Booster					2	0		
<b>HF13</b> . For each vaccination <u>not</u> reco	orded enter '00'								

HF14. Record the time.	HOURS AND MINUTES: ::::	<i>⇔HF15</i>
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DATA COLLECTOR'S OBSERVATIONS	
SUPERVISOR'S OBSERVATIONS	