

**VACCINATION QUESTIONNAIRE NAME OF SCHOOL:**

**LIST OF CHILDREN 0-23 MONTHS IDENTIFIED**

**NAME OF SITE/Quarter** \_\_\_\_\_ **Health Area** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Names of students** \_\_\_\_\_

**(Insert the initials of all children vaccinated and non-vaccinated in the household: information is obtained from vaccination card & write date of vaccination)**

No	Initials of child	Vaccination card (yes/no)	Date of birth	Age in months	Vaccines received by the child (write the dates of vaccination)														Completely vaccIn (yes/no)	
					BCG	POLIO 0	POLIO 1	POLIO 2	POLIO 3	PENTA 1	PENTA 2	PENTA 3	Pneumo 1	Pneumo 2	Pneumo 3	Rota vfrus 1	Rota vfrus 2	Measles		Yellow fever
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				

**Notes: PENTA Vaccine = DPT-HepB-Hib = Diphtheria, Pertussis, Tetanus, Hepatitis B, Haemophilus Influenza b**