

# IMMUNIZATION SCHEDULE

AGE RECOMMENDED	VACCINE	DATE DUE	DATE GIVEN
Birth <i>Erinus</i>	BCG	22.6.03	22.6.03
	Oral Polio Vaccine - 1 <sup>st</sup> dose	26.6.03	22.6.03
	Hepatitis B Vaccine - 1 <sup>st</sup> dose	26.6.03	22.6.03
6 weeks <i>Sisanni</i>	DPT-1st dose		
	Oral Polio Vaccine - 2 <sup>nd</sup> dose		4/8/03
	Hepatitis B Vaccine - 2 <sup>nd</sup> dose		
10 weeks	DPT - 2nd dose		
	Oral Polio Vaccine-3 <sup>rd</sup> dose	4/9/03	5.9.03
14 weeks	DPT - 3 <sup>rd</sup> dose		
	Oral Polio Vaccine-4 <sup>th</sup> dose	7/10/03	
6-9 months	Oral Polio Vaccine- 5 <sup>th</sup> dose		19-1-04
	Hepatitis B Vaccine - 3 <sup>rd</sup> dose	22/12/03	19-1-04
9 months	Measles Vaccine	26/3/04	
15-18 months	MMR ( Measles, Mumps, Rubella)		2/9-1-05
	DPT - 1 <sup>st</sup> booster dose		26-1-05 ✓
	Oral Polio Vaccine - 6th dose.		26-1-05 ✓
5 years	DPT - 2 <sup>nd</sup> booster dose		14-5-04
	Oral Polio Vaccine - 7 <sup>th</sup> dose		14-5-04 <i>164</i>
10 years	TT ( Tetanus) - 3 <sup>rd</sup> booster dose		
	Hepatitis B vaccine - booster dose		
15-16 years	TT ( Tetanus) - 4 <sup>th</sup> booster dose		

## OPTIONAL VACCINES

Vaccine	Recommended Age	Due date	Date given
H. Influenza b			19/1/04 ✓
<i>Varaxem Hib</i>		19/2/04	23-2-04 ✓
			26/3/04
Chicken pox			
Hepatitis A			
Typhoid			

Remarks:



FAMILY HEALTH CENTRE ANANDASHRAM  
ANANDASHRAM, KASARAGOD- 671531 Ph:0467 2209711

UHID : T105412810220096 Date : 28/10/2022 15:08 Income :  
Name : ALANMATHEWSAJ ,20 Y , Mobile : 8078168261 Unit : General  
Male  
Address : Mavungal, Kasaragod, Kerala  
Clinic : GENERAL OP

OP Days [MON,TUE,WED,THU,FRI,SAT, SUN]

Token No. : 108



OPD No. : 109

TO WHOMSOEVER IT MAY CONCERN

This is to certify that  
Mr -ALAN MATHEW SAJ - , do/male.  
has been vaccinated against  
Hepatitis B (completed schedule).



Asst. Surgeon,  
Family Health Centre  
Anandashram  
Kasaragod Dist.


*Yamunakrishnan*  
Dr Vidyarthi

*Asst. Surgeon*

*Phone: 64422*



ANNEXURE – XVII (b)  
PHYSICAL FITNESS CERTIFICATE  
FOR ADMISSION TO ENGINEERING / MEDICAL & ALLIED COURSES  
[Other than BSc.( Hons.) Forestry course]  
[See Clause 13.4 (g)]

  
Signature of candidate

I, Dr. REMYA MOHAN ASSISTANT SURGEON, FHC ANANDASHRAM after careful personal examination of the case do hereby certify that  
Sri/Kum. ALAN MATHEW SAJ whose signature is given above is found physically fit to undergo professional education.

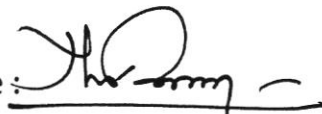
His/Her height 177cm, weight 56kg, chest ..... and vision Rt eye 6/6 Lt eye 6/6



FULLY VACCINATED FOR AGE AS PER VACCINATION SCHEDULE  
[HEPB-MMR & CHICKENPOX]



Place: ANANDASHRAM  
Date: 25/10/2022

Signature:   
Name: Dr. Remya Mohan Asst. Surgeon  
Family Health Centre  
Reg. No.: 51842 ANANDASHRAM  
Kerala  
Designation: ASSISTANT SURGEON  
KERALA HEALTH SERVICES



**ST. THOMAS HOSPITAL**  
**POTHANICAD P.O.**  
**MUVATTUPUZHA**

Date.....10/7/23.....

Ansa Sibi

Hospital Number C 7697

Vaccines given

Iy MMR vaccine 23-3-05

Hepatitis B vaccine I - 7-5-03

II - 24-9-03

III 10-3-04

Neaxpox vaccine - I dose 10-7-23

(chickenpox)

*Nice*

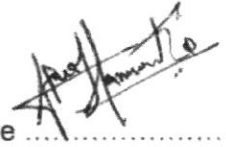


Dr. NICE MATHEW M.B.B.S., D.CH.  
PAEDIATRICIAN  
Reg. No. 28772



# VACCINATION CERTIFICATE

Signature of Candidate .....



I, DR. AYSHA RAXEENA E.K., ASSISTANT SURGEON.....  
hereby certify that MISS. AFWA HAMEED K., SPRING COTTAGE,.....  
AGRICULTURE OFFICE ROAD, RAMANATTUKARA, K.K.D whose signature is  
given above has been vaccinated against CHICKEN Pox, MMR, Hepatitis B

Place: FHC - ATHANIKKAL

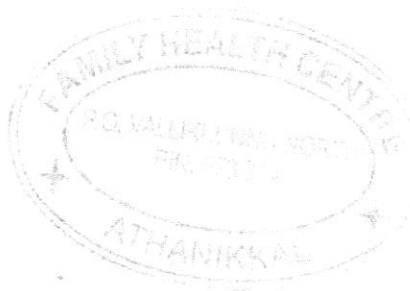
Date: 16/8/2024

Name: Dr. Aysha Raxeen

Designation: ASSISTANT SURGEON

DR. AYSHA RAXEEN  
ASSISTANT SURGEON

Seal



ASSISTANT SURGEON  
FAMILY HEALTH CENTRE  
ATHANIKKAL



GOVT OF KERALA  
**COMMUNITY HEALTH CENTRE, PATHANAPURAM**

Pathanapuram(PO), Kollam (Dist), Kerala.Pin.689695

Hotlines:

04752352696

Email:mochcptpm@yahoo.in

**Vaccine Certificate**

This is to certify that Adarsh Ashok, Chaithanya, Pathirickal( PO), Pathanapuram Aadhaar No. 587390752405 has been fully immunized as given below. His date of birth is 06.01.2005

Sl.No	Vaccine Name	Age	Given Date
01	BCG, OPV	At birth	07.01.2005
02	Opv, DPT,HBV	1 ½ Month	23.02.2005
03	Opv, DPT,HBV	2 ½ Month	23.03.2005
04	Opv, DPT, HBV	3 ½ Month	27.04.2005
05	MEASLES	9 <sup>th</sup> Month	26.10.2005
06	MMR	15 <sup>th</sup> Month	24.04.2006
07	Opv, DPT, 1 <sup>st</sup> B	1 ½ Year	25.06.2006
08	Hepatitis B	4 ½ Years	23.09.2009
09	Opv, DT, 2 <sup>nd</sup> B	5 Years	19.06.2010
10	TT	10 Years	20.06.2015
11	TT	15 Years	30.05.2020
12	Chickenpox	19 Years	27.06.2024

Date : 8/7/2024

Medical Officer In Charge

Dr. TOM V. THOMAS M.B.B.S  
THQH Pathanapuram ASSISTANT SURGEON  
HEALTH SERVICE  
Reg.No: 40827

As per verified the Immunization register

PHN



**ജില്ല ആശുപത്രി ആലുവ**

ആശുപത്രി മാനേജിംഗ് കമ്മിറ്റി

**കാഷ്യാൽറ്റി ഒ.പി. ടിക്കറ്റ്**

Rs. 10/-

Sl. No. 82089

തീയതി 10/10/2022

O.P. No.

പേര്

Anjali Ann Jose

വയസ്സ്

18/2

അഡ്രസ്സ്

മാസവരുമാനം

രോഗവിവരം

ചികിത്സ

CERTIFICATE

This is to certify  
that Anjali Ann Jose has been  
vaccinated against Hepatitis B

Aluva

10.10.22

*[Signature]*

Dr. SAJITH CHANDRAN. K.  
Reg. No. 30123  
CONSULTANT SURGEON  
KERALA HEALTH SERVICE

