IMMUNISATION PASSPORT



www.immunisation.ie

Name DOB This is an important document, please keep it safe.

www.immunisation.ie

For children born on or after 1 October 2016



Introduction

The aim of this Immunisation Passport is to ensure you have a record of all your immunisations.

These records should include all

- → primary childhood immunisations,
- → school immunisations,
- → travel, and
- → adult immunisations

There are times when you may require other vaccines following an outbreak or for work or travel reasons. You can also record those vaccines in this booklet.

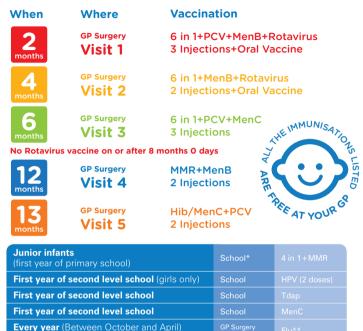
Please bring this Immunisation Passport with you every time you attend an immunisation appointment.

Name	
Also known as	
Date of Birth	
Place of Birth	
Address	
Contact Phone Number(s)	
Mobile	
Email Address	
Individual Health Identifier	
PPS No.	
Allergies	
In Case of Emergency	
Name(s)	
Contact Number(s)	

GP Name	
GP Address	
GP Phone Number	
GP Name	
GP Address	
GP Phone Number	
GP Name	
GP Address	
GP Phone Number	

Please keep this booklet safe and bring it with you to every vaccination appointment.

The table below shows at what age the immunisations are given. where they are given and which vaccines are given.



* These vaccines are only available in GP surgeries in Sligo. Leitrim and Donegal.

GP Surgery or pharmacy

** For those aged 65 and older and in at risk groups.

6 in 1	Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis
	(Whooping cough), Polio, Tetanus
PCV	Pneumococcal conjugate
MenB	Meningococcal B
Rota	Rotavirus
MenC	Meningococcal C
MMR	Measles, Mumps, Rubella
Hib/MenC	Haemophilus influenzae b/ Meningococcal C
4 in 1	Diphtheria, Pertussis (whooping cough), Polio, Tetanus
HPV	Human papillomavirus
Tdap	Tetanus, low dose diphtheria and acellular pertussis (whooping cough)
Flu	Influenza

Primary Childhood Immunisations

For babies born on or after 1 October 2016

Vaccine N	lame	Age Given	Manufacture	Batch Number	Expiry Da	ate	Route/Site	Administered by	Date
GP Vis	sit 1	2 month	าร						
6 in 1									
PCV									
MenB									
Rota									
GP Vis	sit 2	4 mont	hs						
	POINTI	MENT DATE							
6 in 1									
MenB									
Rota									
GP Vis	sit 3	6 mont	hs						
	POINTI	MENT DATE							
6 in 1									
PCV									
MenC									
6 in 1 Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis (Whooping cough), Polio, Tetanus MenC Meningococcal C					MenB		ococcal conjugate gococcal B us		

Name DOB

Primary Childhood Immunisations

For babies born on or after 1 October 2016

Vaccine Name	Age Given	Manufacture	Batch Number	Expiry Date	Route/Site	Administered by	Date
GP Visit 4	12 mon	ths					
NEXT APPOINT	MENT DATE						
MMR							
MenB							
GP Visit 5	13 mon	ths					
NEXT APPOINT	MENT DATE						
Hib/MenC							
PCV							
Other							

 MMR
 Measles, Mumps, Rubella

 Meningcocccal B
 PcV

 PCV
 Pneumococcal conjugate

 Hib/MenC
 Haemophilus influenzae b / Meningococcal C

Name	
DOB	

School Immunisations

Name)
DOB)

Vaccine Name	Age Given	Manufacture	Batch Number	Expiry Date	Route/Site	Administered by	Date
4 in 1							
MMR							
Tdap							
MenC							
HPV Dose 1							
NEXT APPOINT	MENT DATE						
HPV Dose 2							
Other							

4 in 1 Diphtheria, Pertussis (whooping cough), Polio, Tetanus

MMR Measles, Mumps, Rubella

Tdap Tetanus, low dose diphtheria and acellular pertussis (whooping cough)

MenC Meningococcal C HPV Human papillomavirus There are times when you will need to receive immunisations outside of your normal child/adolescent schedule.

The table below should be filled in by the person administering your immunisations.

Name	\bigcirc
DOB	\bigcirc

Vaccine Name	Age Given	Manufacture	Batch Number	Expiry Date	Route/Site	Administered by	Date

Post Vaccination Advice

What common reactions can my child get after being vaccinated and what should I do?

Common reaction	What to do			
A fever is common after MenB vaccine at 2 and 4 months (Visits 1 and 2)	 Give liquid infant paracetamol Give 2.5 mls (60 mg) at the time of the immunisation or shortly after. Give a second dose of 2.5 mls (60 mg) 4 to 6 hours after the first dose. Give a third dose of 2.5 mls (60 mg) 4 to 6 hours after the second dose. Give a fourth dose 4-6 hours after the third dose if your baby still has a fever. 			
Soreness, swelling* and redness in the area where the injection was given	Give paracetamol or ibuprofen to relieve aches and pains. Make sure clothes are not too tight or rubbing			
Mild diarrhoea after	against the area where the injection was given. Give extra milk to drink.			
the rotavirus vaccine	Wash your hands carefully after changing and disposing of your baby's nappy.			
	Do not overdress your baby.			
Fever (over 39°C)	Make sure their room isn't too hot.			
	Give extra fluids to drink.			
	Give paracetamol or ibuprofen to lower the fever.			
Headache or irritability	Give paracetamol or ibuprofen to relieve aches and pains.			

 * In school children this swelling can be from the shoulder to the elbow.
 This usually occurs within 2 days of the vaccination and gets better over 4 – 5 days. Antibiotics are not needed to treat this local reaction.

- The dose of paracetamol or ibuprofen recommended for your child is written on the bottle according to the child's age.
- → Please ask your pharmacist for sugar-free paracetamol or ibuprofen suitable for your child's age.
- → Using paracetamol or ibuprofen over a long period without advice from a doctor may be harmful.

If your child received the MMR vaccine they may get a rash 6-10 days later (mini measles). This is not contagious.

Notes

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