

RESOURCE FROM:

**IMPLEMENTING HPV VACCINATION PROGRAMS:  
PRACTICAL EXPERIENCE FROM PATH**

**PUBLICATION TITLE**

# Sample Vaccination Cards and Registers

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# Sample vaccination cards and registers



## HPV vaccination card in Uganda

Front page

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 <p><b>Ministry of Health GOVERNMENT OF UGANDA</b></p>  <p><b>HPV (CERVICAL CANCER) VACCINATION CARD</b></p> <p><i>Keep this card safely and produce it when you come for the subsequent doses</i></p>	Serial No. _____	Dose	Date vaccinated	Next vaccination date	<p><b>FACTS ABOUT HPV and CERVICAL CANCER)</b></p> <ul style="list-style-type: none"> <li>• HPV vaccine prevents human papillomavirus (HPV) infection</li> <li>• The HPV virus causes cervical cancer</li> <li>• Cervical cancer is the biggest cancer killer of women in Uganda</li> <li>• HPV vaccine prevents most cervical cancer</li> <li>• HPV1 is given at 10 years of age or to all girls in primary 5</li> <li>• HPV2 is given 1 month after HPV1</li> <li>• HPV3 is given 5 months after HPV2</li> </ul>
	Name _____	HPV1			
	Date of Birth _____	HPV2			
	Household head name _____	HPV3			
Name of school _____	<p><b><i>You must receive all three dose to be protected</i></b></p>				
Class in school _____					
Village _____					
Parish _____					
Sub- county _____					
District _____					

**HPV vaccination card in Vietnam**

<b>MINISTRY OF HEALTH</b>				No.....
<b>EXPANDED IMMUNIZATION PROJECT</b>				
<b>HPV VACCINATION CARD</b>				
Full name of vaccinator: :..... .....	Vaccine	Date of vaccination	Following date of vaccination	Health worker (signature)
Date of birth: ...../...../.....		<b>HPV1</b>		
Full name of father (mother) of vaccinator: .....		<b>HPV2</b>		
Present Address of vaccinator: Village/hamlet/region..... Commune: ..... District: ..... City/Province..... Name of school: ..... Class:.....		<b>HPV3</b>		
		Date month year <b>Commune Health Center</b> (signature, stamp)		
* <b>3 doses of vaccination can protect and prevent disease fully.</b>				
* <b>This card must be kept carefully and bring it when vaccinated HPV vaccine.</b>				

## HPV vaccination card in India

### Front side

<p>Unique ID No. _____</p> <p>Name _____</p> <p>Father or Mother's name _____</p> <p>Date of Birth _____</p> <p>Name of school/Ashram/ Hostel _____</p> <p>Class _____</p> <p>Non School going (please circle for non school going)</p> <p>Village .....</p> <p>Sub-centre .....</p> <p>PHC .....</p> <p>_____</p> <p>Block – BCM / KDM / TPM (Circle appropriate block)</p>	<div style="text-align: center;">  <p><b>HPV Immunization Card</b></p>  <p style="color: blue; text-align: right;">To be detached and retained by <b>ANM</b></p> </div> <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th colspan="6" style="text-align: center; border: 1px solid black; padding: 5px;">HPV Vaccination (10-14 yrs)</th> <th colspan="6" style="text-align: center; border: 1px solid black; padding: 5px;">HPV Vaccination (10-14 yrs)</th> </tr> <tr> <th colspan="3" style="border: 1px solid black; padding: 5px;">Given</th> <th colspan="3" style="border: 1px solid black; padding: 5px;">Next campaign Date</th> <th colspan="3" style="border: 1px solid black; padding: 5px;">Given</th> <th colspan="3" style="border: 1px solid black; padding: 5px;">Next campaign Date</th> </tr> <tr> <th style="font-size: small;">DD</th><th style="font-size: small;">MM</th><th style="font-size: small;">YY</th> <th style="font-size: small;">DD</th><th style="font-size: small;">MM</th><th style="font-size: small;">YY</th> <th style="font-size: small;">DD</th><th style="font-size: small;">MM</th><th style="font-size: small;">YY</th> <th style="font-size: small;">DD</th><th style="font-size: small;">MM</th><th style="font-size: small;">YY</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; text-align: center;">1</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; text-align: center;">2</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> <td style="border: 1px solid black; text-align: center;">3</td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td><td style="border: 1px solid black; width: 30px; height: 25px;"></td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 20px;">Signature of the MPHA(F)</p>	HPV Vaccination (10-14 yrs)						HPV Vaccination (10-14 yrs)						Given			Next campaign Date			Given			Next campaign Date			DD	MM	YY	DD	MM	YY	DD	MM	YY	DD	MM	YY	1						1						2						2						3						3					
HPV Vaccination (10-14 yrs)						HPV Vaccination (10-14 yrs)																																																																			
Given			Next campaign Date			Given			Next campaign Date																																																																
DD	MM	YY	DD	MM	YY	DD	MM	YY	DD	MM	YY																																																														
1						1																																																																			
2						2																																																																			
3						3																																																																			

**Reverse side**

To be detached and retained by ANM

Unique ID No.

\_\_\_\_\_

Name

\_\_\_\_\_

Father or mother's name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name of school/Ashram/ Hostel

\_\_\_\_\_

Class

\_\_\_\_\_

Non School going (please circle for non school going)

Village .....

Sub-centre .....

PHC .....

\_\_\_\_\_

Block – BCM / KDM / TPM

(Circle appropriate block)

Signature of the MPHA(F)

**FACTS ABOUT  
HPV and CERVICAL CANCER)**

- HPV vaccine prevents human papilloma virus (HPV) infection
- The HPV virus causes cervical cancer
- Cervical cancer is a common killer of women in India
- HPV1 is given to all girls ages 10-14 years
- HPV2 is given 2 month after HPV1
- HPV3 is given 4 months after HPV 2

HPV vaccination Campaign



Dept. of Health & Family Welfare, Andhra Pradesh



Keep this card safely and produce it when you come for next dose of HPV

## Sample vaccination registers

### HPV vaccination project in Uganda

HPV vaccination REGISTER								
District		Name of Facility						
HSD		Name of school or outreach						
Sub-county								
Village								
Parish								
						Date (DD/MM /YY) for		
Serial no.	Child's name	Date of Birth	Mother/Guardian's name	Parish	Class in school	HPV 1	HPV2	HPV3

## HPV vaccination project in India

### HPV Immunization Register

HPV Immunization Register															
Name of Block:					Name of PHC:										
Name of Village/Ward					Name of S/C										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
HPV Card Num	Name of Adolescent Girl	Name of Father/Mother	Date of Birth	Age in (completed yrs)	Class/Standard (6,7,8,9,10)	Caste	Beneficiary Belong to Govt Sch(1)/ Pvt Sch(2)/ Hostel(3)/ Ashram School (4)/ Out of School (5) (Name of School)	Consent Form Yes/No	Vaccinated on Date and Dose (write date below the dose)			Remarks (including AEFI*)			
									HPV 1	HPV 2	HPV 3	Dose 1	Dose 2	Dose 3	
	*NSAE- Fever 1, Headache 2, convulsion- 3, Rash-4, Vomitings-5. Pain at Site-6														
	SAE- Anaphylaxis-														

**HPV vaccination project in Vietnam: integrated register**

<b>Vaccination Register</b>																
No.	Full name	Date of birth		Address of recipient	Name of school of recipient	Name of father or mother of recipient	Japanese Encephalitis			Cholera		Typhoid	HPV			Remark
		Male	Female				1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	1st time	2nd time		1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	