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# 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> <b>EXPANDED IMMUNIZATION PROJECT</b>				No.....
<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)		
<p><b>* 3 doses of vaccination can protect and prevent disease fully.</b></p> <p><b>* This card must be kept carefully and bring it when vaccinated HPV vaccine.</b></p>				

## 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: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td colspan="8"></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												2												3											
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Given			Next campaign Date			Given			Next campaign Date																																																																
DD	MM	YY	DD	MM	YY	DD	MM	YY	DD	MM	YY																																																														
1																																																																									
2																																																																									
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**

Vaccination Register																
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	