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| MICS logo ALL | Form For VACCINATION recordS  AT HEALTH FACILITY  Name and year of survey | | |  | | |
| under-five child information panel Hf | | | | | | |
| This form must be appended to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for each child. | | | | | | |
| **HF1**. *Cluster number:* \_\_\_ \_\_\_ \_\_\_ | | **HF2**. *Household number:* \_\_\_ \_\_\_ | | | | |
| **HF3**. *Child’s name and line number:*  Name \_\_\_ \_\_\_ | | **HF4**. *Mother’s / Caretaker’s name and line number:*  Name \_\_\_ \_\_\_ | | | | |
| **HF5**. *Name and number of field staff recording at facility:*  Name \_\_\_ \_\_\_ | | **HF6**. *Interviewer’s name and number:*  Name \_\_\_ \_\_\_ | | | | |
| **HF7**. *Day / Month / Year of facility visit:*  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | **HF8**. Record the time: | Hours | | : Minutes | |
| \_\_ \_\_ | | : \_\_ \_\_ | |
| **HF9**. *Child’s day, month and year of birth: Copy from UB2 in the Under-five’s Background Module of the Questionnaire for Children Under Five*  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | **HF10**. *Write the name of health facility:* | | | | *⇨HF11* |

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| **HF15**. *Result of health facility visit:* | records available at facility  copied 01  Not copied  (*specify*) 02  Records not available at facility  (*specify*) 03  Other (*specify*) 96 |

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| immunization | | | HF | | | | | | | | |
| **HF11**. *Record day, month and year of birth as written on vaccination record/card*: | | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 1 \_\_\_ | | | | | | | | |  |
| **HF12**.   1. Copy dates for each vaccination from the card. 2. Write ‘44’ in day column if card shows that vaccination was given but no date recorded. | | Date of Immunization | | | | | | | | |  |
| Day | | | Month | | Year | | | |
| BCG | BCG |  | |  |  |  | 2 | 0 | 1 |  |  |
| HepB (at birth) | HepB0 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Polio (OPV) (at birth) | OPV0 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Polio (OPV) 1 | OPV1 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Polio (OPV) 2 | OPV2 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Polio (OPV) 3 | OPV3 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Polio (IPV) | IPV |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pentavalent (DPTHibHepB) 1 | Penta1 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pentavalent (DPTHibHepB) 2 | Penta2 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pentavalent (DPTHibHepB) 3 | Penta3 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pneumococcal (Conjugate) 1 | PCV1 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pneumococcal (Conjugate) 2 | PCV2 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Pneumococcal (Conjugate) 3 | PCV3 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Rotavirus 1 | Rota1 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Rotavirus 2 | Rota2 |  | |  |  |  | 2 | 0 | 1 |  |  |
| Rotavirus 3 | Rota3 |  | |  |  |  | 2 | 0 | 1 |  |  |
| MMR | MMR |  | |  |  |  | 2 | 0 | 1 |  |  |
| Yellow Fever | YF |  | |  |  |  | 2 | 0 | 1 |  |  |
| **HF13**. *For each vaccination not recorded enter ‘00’ in day column.* | |  | | | | | | | | |  |

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| **HF14**. *Record the time.* | Hours and minutes \_\_ \_\_ : \_\_ \_\_ | *⇨HF15* |

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| **Data Collector’s Observations** |
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| **Supervisor’s Observations** |
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