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| MICS logo ALL | Form For VACCINATION recordSAT HEALTH FACILITYName 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 \_\_\_ \_\_\_ | **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 \_\_\_ \_\_\_ | **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*) 02Records not available at facility (*specify*) 03Other (*specify*) 96 |

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| immunization  | HF |
| **HF11**. *Record day, month and year of birth as written on vaccination record/card*: |  \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 2 0 \_\_\_ \_\_\_ |  |
| **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 |  |  |  |
| HepB (at birth) | HepB0 |  |  |  |  | 2 | 0 |  |  |  |
| Polio (OPV) (at birth) | OPV0 |  |  |  |  | 2 | 0 |  |  |  |
| Polio (OPV) 1 | OPV1 |  |  |  |  | 2 | 0 |  |  |  |
| Polio (OPV) 2 | OPV2 |  |  |  |  | 2 | 0 |  |  |  |
| Polio (OPV) 3 | OPV3 |  |  |  |  | 2 | 0 |  |  |  |
| Polio (IPV) | IPV |  |  |  |  | 2 | 0 |  |  |  |
| Pentavalent (DPTHibHepB) 1 | Penta1 |  |  |  |  | 2 | 0 |  |  |  |
| Pentavalent (DPTHibHepB) 2 | Penta2 |  |  |  |  | 2 | 0 |  |  |  |
| Pentavalent (DPTHibHepB) 3 | Penta3 |  |  |  |  | 2 | 0 |  |  |  |
| Pneumococcal (Conjugate) 1 | PCV1 |  |  |  |  | 2 | 0 |  |  |  |
| Pneumococcal (Conjugate) 2 | PCV2 |  |  |  |  | 2 | 0 |  |  |  |
| Pneumococcal (Conjugate) 3 | PCV3 |  |  |  |  | 2 | 0 |  |  |  |
| Rotavirus 1 | Rota1 |  |  |  |  | 2 | 0 |  |  |  |
| Rotavirus 2 | Rota2 |  |  |  |  | 2 | 0 |  |  |  |
| Rotavirus 3 | Rota3 |  |  |  |  | 2 | 0 |  |  |  |
| MMR/MR 1 | MMR/MR1 |  |  |  |  | 2 | 0 |  |  |  |
| MMR/MR 2 | MMR/MR2 |  |  |  |  | 2 | 0 |  |  |  |
| Yellow Fever | YF |  |  |  |  | 2 | 0 |  |  |  |
| Td Booster 1 | Td Booster |  |  |  |  | 2 | 0 |  |  |  |
| **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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