



Sample Vaccination Cards and Registers

PATH HPV Vaccines Project

Sample vaccination cards and registers



HPV vaccination card in Uganda

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 <p>Ministry of Health GOVERNMENT OF UGANDA</p>  <p>HPV (CERVICAL CANCER) VACCINATION CARD</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>FACTS ABOUT HPV and CERVICAL CANCER)</p> <ul style="list-style-type: none"> • HPV vaccine prevents human papillomavirus (HPV) infection • The HPV virus causes cervical cancer • Cervical cancer is the biggest cancer killer of women in Uganda • HPV vaccine prevents most cervical cancer • HPV1 is given at 10 years of age or to all girls in primary 5 • HPV2 is given 1 month after HPV1 • HPV3 is given 5 months after HPV2
	Name _____	HPV1			
	Date of Birth _____	HPV2			
	Household head name _____	HPV3			
Name of school _____	<p><i>You must receive all three dose to be protected</i></p>				
Class in school _____					
Village _____					
Parish _____					
Sub- county _____					
District _____					

HPV vaccination card in Vietnam

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

HPV vaccination card in India

Front side

Unique ID No. <hr/> Name <hr/> Father or Mother's name <hr/> Date of Birth <hr/> Name of school/Ashram/ Hostel <hr/> Class <hr/> Non School going (please circle for non school going) Village Sub-centre PHC <hr/> Block – BCM / KDM / TPM (Circle appropriate block)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>HPV Immunization Card</p> </div> <div style="text-align: right; color: blue;"> To be detached and retained by ANM </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">HPV Vaccination (10-14 yrs)</div> <table style="margin: 5px auto; border-collapse: collapse;"> <tr> <th style="border: 1px solid black; padding: 5px;">Given</th> <th style="border: 1px solid black; padding: 5px;">Next campaign Date</th> </tr> <tr> <td style="text-align: center; font-size: small;">DD MM YY</td> <td style="text-align: center; font-size: small;">DD MM YY</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: 150px; margin: 0 auto;">HPV Vaccination (10-14 yrs)</div> <table style="margin: 5px auto; border-collapse: collapse;"> <tr> <th style="border: 1px solid black; padding: 5px;">Given</th> <th style="border: 1px solid black; padding: 5px;">Next campaign Date</th> </tr> <tr> <td style="text-align: center; font-size: small;">DD MM YY</td> <td style="text-align: center; font-size: small;">DD MM YY</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table> </div> </div> <div style="text-align: center; margin-top: 20px;"> Signature of the MPHA(F) </div>	Given	Next campaign Date	DD MM YY	DD MM YY	1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Given	Next campaign Date	DD MM YY	DD MM YY	1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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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														
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-													

