



**Routine Vaccination Schedule for all babies**

Age	Vaccine	Mode of Administration
8 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, and Hepatitis B	One injection (InfanrixHexa®)
	Meningitis B	One injection (Bexsero®)
	Rotavirus	One oral dose (Rotarix®)
12 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, and Hepatitis B	One injection (InfanrixHexa®)
	Pneumococcal	One injection (Prevenar 13®)
	Rotavirus	One oral dose (Rotarix®)
16 weeks	Diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b, and Hepatitis B	One injection (InfanrixHexa®)
	Meningitis B	One injection (Bexsero®)

**Additional vaccines or immunoglobulin therapies recommended for your baby**

Age	Vaccine / Immunoglobulin	Administration

I have received the leaflet written by Immunisation Scotland  
**“A guide to childhood immunisations up to 5 years of age”** Initial .....

I have received information about each of the additional vaccines /  
immunoglobulins listed above Initial .....

I have had the chance to ask questions about the vaccines and have had  
these questions answered Initial .....

I agree to my child receiving the immunisations listed above Initial .....

If for any reason you do not wish your child to receive all of the  
immunisations in the standard schedule, please indicate those which you **do**  
**not** wish your child to receive ..... Initial .....

Baby's Name ..... CHI Number .....

Name ..... Relationship to baby: ..... Signature:.....

Witness: ..... Signature:..... Date: .....