



Routine Vaccination Schedule for all babies

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

Additional vaccines or immunoglobulin therapies recommended for your baby

Age	Vaccine / Immu	noglobulin	Administra	ation
	eived the leaflet writte expect after vaccina	•		ars" Initial
	eived information abo obulins listed above	Initial		
	l the chance to ask qu tions answered	d Initial		
I agree to	my child receiving th	Initial		
immunisat	reason you do not wis tions in the standard s your child to receive	11111111111		
Baby's Nan	ne		CHI Number	
Name	Rela	tionship to baby:	Signature	e:
Witness:		Signature:	Date:	