



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST ®  
**BGS GLOBAL INSTITUTE OF MEDICAL SCIENCES**  
(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore)  
No. 67, BGS Health & Education City, Uttarahalli Road, Kengeri,

## **Report on Operational features and functions of immunization clinic:**

### **Sensitization on immunization**

- Conducting immunization clinic from Monday To Saturday, 10 am to 12p.m
- Special staff has been appointed for immunization clinic.
- Immunization is conducted in a special room under all hygienic precautions before immunizations baby's anthropometry and clinical examination noted.
- The procedure and importance of immunization has been explained for public/ parents.
- Possible side effects of immunization are explained to parents and consent for immunization is taken
- If the baby is delivered in our hospital, parents are educated to bring the baby on the specific day for first immunization (BCG, Hep B & OPV "O" dose) and we issue immunization card, which gives the details about the vaccines are given and tentative dates of follow-up are written and inform about the next visit to the clinic.
- The same procedure has been done, for babies who have received the vaccines at other hospitals previously and came for further vaccination.
- A record of babies' vaccine has been maintained in our immunization clinic.
- Maintaining cold chain, we have cold boxes, deep freezer, ice lined refrigerator, vaccine carriers. Before vaccination expiry dates of all vaccines are checked and we have vaccine vial monitor for the same. After vaccination, we again explain the possible side effects of the vaccines and ask parents for follow up to OPD immediately. If any undesired effects occur.
- We prescribe necessary medications after giving vaccines like BCG, Pentavalent. After vaccination, we observe the baby for 30 min for possible side effects. Emergence kit will be ready for adverse reaction.

# UNIVERSAL IMMUNIZATION PROGRAMME CARD



Sri Adhichunchanagiri Shikshana Trust ®  
**BGS GLOBAL INSTITUTE OF  
MEDICAL SCIENCES & HOSPITAL**



# 67, BGS Health & Education City, Uttarahalli Road, Kengeri, Bangalore - 560 060

## IMMUNIZATION & HEALTH RECORD

Mother's Name Mrs. \_\_\_\_\_  
Blood Group \_\_\_\_\_  
Mobile Number \_\_\_\_\_

Father's Name Mr. \_\_\_\_\_  
Blood Group \_\_\_\_\_  
Mobile Number \_\_\_\_\_

Name of the Child \_\_\_\_\_ Gender:  M  F  
Date of Birth         Time of Birth:     AM / PM  
Blood Group \_\_\_\_\_ Reg. No. IP/OP No. \_\_\_\_\_  
Vaginal / Vaccum / Forceps / Caesarean (Elective / Emergency) APGAR score: 1min : \_\_\_\_\_ 5min \_\_\_\_\_  
Neonatal Status : \_\_\_\_\_  
Anthropometry at birth : Weight (kg) \_\_\_\_\_ Length (cms) \_\_\_\_\_ OFC (cms) \_\_\_\_\_

Department Phone Number :



### SERVICES AVAILABLE

1. Immunization, Growth monitoring and developmental screening
2. General and special ward facilities for Newborns and children
3. **Speciality clinics:** High Risk Newborn clinic.  
Child Rehabilitation Clinic, Asthma Clinic, Nephro Clinic,  
Well Baby Clinic, Child Guidance Clinic
4. Paediatric super speciality services
5. Neonatal Intensive Care Unit (NICU)
6. Paediatric intensive care Unit (PICU)
7. Paediatric Emergency Services

} **24 x 7 Services**

Email address: msbgsgimsgh@gmail.com; aobgsgims@gmail.com; bgsgimspaed@gmail.com Phone: 080-26984811, 080-26984802

### UIP IMMUNIZATION SCHEDULE

AGE	VACCINES	DUE ON	GIVEN ON	WEIGHT	LENGTH	HC	REMARKS
At birth	BCG						
	OPV-0 dose						
	Hep B- Birth dose						
1½ Months	Penta-1						
	OPV-1						
	Rota-1						
2½ Months	IPV-1						
	Penta-2						
	OPV-2						
3½ Months	Rota-2						
	Penta-3						
	OPV-3						
9 Months	Rota-3						
	IPV-2						
9 Months	MR-1 / JE-1						
16-24 Months	MR-2 / JE-2						
18-24 Months	DPT / OPV booster-1						
5-6 Years	DPT / OPV booster-2						
10 Years	TT/Td						
16 Years	TT/Td						
<b>Vitamin A</b>	<b>9 Months</b>	<b>15 Months</b>	<b>2 Years</b>	<b>2½ Years</b>	<b>3 Years</b>	<b>3½ Years</b>	<b>4 Years</b>
<b>Given Date</b>							<b>4½ Years</b>
							<b>5 Years</b>
<b>RECOMMENDED ADDITIONAL VACCINES:</b>							
AGE	VACCINES	DUE ON	GIVEN ON	WEIGHT	LENGTH	HC	REMARKS
1 ½ Months	PCV						
2 ½ Months							
3 ½ Months							
12-18 Months	TYPHOID						
6- 9 Months							
9 Months	MMR						
15 Months							
5 years	VARICELLA						
15 Months							
18 Months	HEP A						
12 Months							
18 Months	TdaP						
10 years							
9 -14 years	HPV						
> 15 years							
9 Months	Meningococcal						
12 Months							
6 Months	Influenza						
7 Months							
Yearly							

Note : Age in completed weeks / months / years















**SPECIALITY CLINIC  
DEPARTMENT OF PAEDIATRICS**

<b>SL. NO.</b>	<b>NAME OF THE CLINIC</b>	<b>DAYS</b>	<b>TIMINGS</b>
01	HIGH RISK NEW BORN CLINIC	MONDAY	9AM TO 12PM
02	CHILD REHABILITATION CLINIC	TUESDAY	9AM TO 12PM
03	ASTHMA CLINIC	WEDNESDAY	9AM TO 12PM
04	WELL BABY CLINIC	THURSDAY	9AM TO 12PM
05	RENAL CLINIC	FRIDAY	9AM TO 12PM
06	CHILD GUIDANCE CLINIC	SATURDAY	9AM TO 12PM
07	IMMUNIZATION CLINIC	MON - FRIDAY	9AM TO 1PM
		SATURDAY	9AM TO 11AM

SAMSUNG

DIGITAL INVERTER  
10 WARRANTY

POWER SAVING GUIDE

**Store in Refrigerator**  
Between 32°F and 40°F  
(0°C and 4°C)

**Store in Freezer**  
Between 0°F and 4°F  
(-18°C and -15°C)

High • High • High High  
No • No • No  
Space • 200 Liters  
Interior • 200 Liters  
Exterior • 200 Liters

High • High • High High  
No • No • No  
Space • 200 Liters  
Interior • 200 Liters  
Exterior • 200 Liters

High • High • High High  
No • No • No  
Space • 200 Liters  
Interior • 200 Liters  
Exterior • 200 Liters

DIGITAL INVERTER

5.1