



Immunisation Passport

www.immunisation.ie

Introduction

The aim of this Immunisation Passport is to ensure you have a record of all your immunisations. These records should include all primary childhood immunisations, school immunisations, travel and adult immunisations given throughout your lifetime. Please bring this Immunisation Passport with you every time you attend an immunisation appointment.

Name

Also known as

Date of Birth

Place of Birth

Address

Contact Phone Number

Mobile

Email Address

PPS No.

Allergies

In Case of Emergency

Name

Contact Number

Primary Childhood Immunisations

Immunisation/ Vaccine name	Age given	Manufacturer	Batch number
BCG			
Visit 1	1		
6 in 1			
PCV			
Visit 2	2		
6 in 1			
Men C			
Visit 3	3		
6 in 1			
PCV			
Men C			

BCG = Bacille Calmette-Guérin (TB vaccine)

6 in 1 = Diphtheria, Haemophilus influenzae B (Hib), Hepatitis B, Pertussis (Whooping cough), Polio, Tetanus

Name _____ DOB _____

Expiry date	Route/ Site	Dose given	Administered by	Date

PCV = Pneumococcal conjugate vaccine

Men C = Meningococcal C

Primary Childhood Immunisations

Immunisation/ Vaccine name	Age given	Manufacturer	Batch number
Visit 4	4		
MMR			
PCV			
Visit 5	5		
Men C			
Hib			
Other			

PCV = Pneumococcal conjugate vaccine

Men C = Meningococcal C

School Immunisations

Immunisation/ Vaccine name	Age given	Manufacturer	Batch number
4 in 1			
MMR			
Td			
HPV Dose 1			

Next Appointment date

HPV Dose 2			
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Next Appointment date

HPV Dose 3			
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Other

4 in 1 = Diphtheria, Pertussis, Polio, Tetanus

MMR = Measles, Mumps, Rubella

Name _____ DOB _____

Expiry date	Route/ Site	Dose given	Administered by	Date

Td = Tetanus, low dose diphtheria

HPV = Human papillomavirus



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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