

Immunisation Registration Form



SECTION I : Personal Information

Name of Applicant¹ : _____
 Date of Birth : DD / MM / YYYY _____
 Gender : Male Female

Travel Document No.² : _____
 Country of Birth : _____

SECTION II : Immunisation Information

Please read the Useful Information carefully before filling up this registration form.

A) Compulsory Vaccinations ³					
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Exempted ⁵	Useful Information
1	Diphtheria, Tetanus, Pertussis				* Minimum age for Diphtheria vaccination is 6 weeks old
	Dose 1	DD/MM/YYYY			* Minimum interval to next vaccine dose :
	Dose 2	DD/MM/YYYY			- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	DD/MM/YYYY			- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1):
	Booster 1	DD/MM/YYYY			6 months
	Booster 2	DD/MM/YYYY			- between Booster dose (i.e. Booster 1/2) : 6 months
					* Maximum age for Diphtheria vaccination Booster 1 is 7 years old
2	Measles				* Minimum age for Measles vaccination is 12 months old ⁶
	Dose 1	DD/MM/YYYY			* 2 doses of Measles vaccine <u>MUST</u> be completed between 12 - 18 months of age
	Dose 2	DD/MM/YYYY			* Minimum interval to next vaccine dose : 4 weeks

B) Recommended Vaccinations ⁷					
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴		Useful Information
3	Tuberculosis				
	Dose 1	DD/MM/YYYY			
4	Hepatitis B ⁸				* Minimum interval to next vaccine dose :
	Dose 1	DD/MM/YYYY			- between Dose 1 and Dose 2 : 4 weeks
	Dose 2	DD/MM/YYYY			- between Dose 2 and Dose 3 : 8 weeks
	Dose 3	DD/MM/YYYY			
5	Polio				* Minimum age for Polio vaccination is 6 weeks old
	Dose 1	DD/MM/YYYY			* Minimum interval to next vaccine dose :
	Dose 2	DD/MM/YYYY			- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	DD/MM/YYYY			- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months
	Booster 1	DD/MM/YYYY			- between Booster dose (i.e. Booster 1/2) : 6 months
	Booster 2	DD/MM/YYYY			

SECTION III : Declaration

For Parents / Guardian of applicants	For Certifying Doctor
<p>I hereby declare that all information provided by me on this Form is true and correct, and that I have provided documentary proof of the vaccination(s) to the Certifying Doctor if the vaccination(s) was administered elsewhere. I understand that giving false or misleading information to any public servant of the Singapore Health Promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence, which may result in legal prosecution.</p> <p>I understand that all information provided in this Form will be submitted online via HPB's website(s) and therefore subject to HPB's Terms of Use (link: https://www.hpb.gov.sg/terms-of-use), and Privacy Statement (link: https://www.hpb.gov.sg/privacy-statement) as stated on its websites, which I have read and understood.</p> <p>I understand that it is my responsibility as the Parent/Guardian of the Applicant to maintain proper records of the original copies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.</p> <p>Name/Signature & Date : _____ DD / MM / YYYY</p> <p>Relationship : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p>	<p>I hereby declare that, to the best of my knowledge, all information entered by me on this Form is true and correct, and that I have obtained documentary proof of the vaccination(s) that was administered elsewhere. I understand that giving false or misleading information to any public servant of the Singapore Health Promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence, which may result in legal prosecution.</p> <p>I understand that it is my responsibility as the Certifying Doctor to maintain proper records of the photocopies and/or softcopies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.</p> <p>Name/Signature & Date : _____ DD / MM / YYYY</p> <p>Name in Local Language (Please indicate clearly) : _____</p> <p>Practice Licence No. : _____</p> <p>Clinic/Hospital Name & Stamp : _____</p> <p>Email & Contact Phone No. : _____</p> <p>Address : _____</p>

1 "Name of Applicant" refers to the name of child who is applying for the "Verification of Vaccination Requirements (for Entry to Singapore)"

2 "Travel Document No." refers to the document which the applicant will use for the application of "Verification of Vaccination Requirements (for entry to Singapore)" to Health Promotion Board (HPB) and long-term immigration pass to Ministry of Manpower (MOM), Dependant's Pass(DP) or Long Term Visit Pass (LTPV) or Immigration & Checkpoints Authority of Singapore (ICA), Student's Pass (STP). The travel document (e.g. Passport) should have a validity date of at least six months at time of application to HPB. The same travel document should be used for application at both HPB and MOM or ICA.

3 "Compulsory Vaccinations" refers to vaccinations which are compulsory under Singapore Infectious Diseases Act. Information on Singapore Infectious Disease Act is available at <https://www.moh.gov.sg/policies-and-legislation/infectious-disease-act>

4 "Vaccine Name" refers to a vaccine code or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.

5 "Exempted" refers to the applicant being exempted due to medical reason. A copy of exemption document certified by a doctor is required. All exemption cases will be subjected for review and approval by HPB. There will be no refund of application fee if reason of exemption is rejected by HPB.

6 Any dose of measles-containing vaccine given before 12 months of age should not be counted as part of the series. Children vaccinated with measles containing vaccine before 12 months of age should be re-vaccinated with two doses of MMR vaccine, the first of which should be administered when the child turns at least 12 months of age. [Reference to Centers for Disease Control and Prevention publication 'Epidemiology And Prevention of Vaccine-Preventable Diseases 13th Edition].

7 "Recommended Vaccinations" refers to vaccinations listed in the Singapore National Childhood Immunisation Schedule (NCIS). Information on Singapore National Childhood Immunisation Schedule (NCIS) is available at <https://www.nir.hpb.gov.sg/nirp/eservices/immunisationSchedule>

8 Combination vaccines containing a hepatitis B component (e.g. Infanrix hexa, Pentavac PFS) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e. Hib, DTaP, HepA and IPV).

B) Recommended Vaccinations ⁷				
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Useful Information
6	Haemophilus Influenzae Type B			* Minimum age for Hib vaccination is 6 weeks old
	Dose 1	DD/MM/YYYY		* Minimum interval to next vaccine dose :
	Dose 2	DD/MM/YYYY		- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	DD/MM/YYYY		- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months
7	Pneumococcal			* Minimum interval to next vaccine dose :
	Dose 1	DD/MM/YYYY		- between each Primary dose (i.e. Dose 1/2) : 4 weeks
	Dose 2	DD/MM/YYYY		- between Primary dose and Booster dose (i.e Dose 2 and Booster 1): 8 weeks
	Booster 1	DD/MM/YYYY		8 weeks
8	Human Papillomavirus			* Recommended for females 9 to 26 years
	Dose 1	DD/MM/YYYY		* Minimum interval to next vaccine dose :
	Dose 2	DD/MM/YYYY		- between Dose 1 and Dose 2 : 4 weeks
	Dose 3	DD/MM/YYYY		- between Dose 2 and Dose 3 : 12 weeks

* Please fill up Table 1 for any additional immunisation(s) and/or dose(s) taken but not listed above in item 1 to 7

Table 1 : Optional Vaccination

S/N	Immunisation*	Date (DD/MM/YYYY) / Vaccine Name ⁴				
		Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
20						

* Please refer to Appendix A for Vaccine Code and Vaccine Name

National Childhood Immunisation Schedule, Singapore										
Vaccination against	Birth	1 Month	3 Months	4 Months	5 Months	6 Months	12 Months	15 Months	18 Months	10-11 Years [^]
Tuberculosis	BCG									
Hepatitis B	HepB (D1)	HepB (D2)				HepB (D3)#				
Diphtheria, Tetanus, Pertussis			DTaP (D1)	DTaP (D2)	DTaP (D3)				DTaP (B1)	Tdap (B2)
Poliovirus			IPV (D1)	IPV (D2)	IPV (D3)				IPV (B1)	OPV (B2)
Haemophilus influenzae type b			Hib (D1)	Hib (D2)	Hib (D3)				Hib (B1)	
Measles, Mumps, Rubella							MMR (D1)	MMR (D2)#		
Pneumococcal Disease			PCV (D1)		PCV (D2)		PCV (B1)			
Human Papillomavirus	Recommended for females 9 to 26 years; three doses are required at intervals of 0, 2, 6 months									

⁴ "Vaccine Name" refers to a vaccine code or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.

⁷ "Recommended Vaccinations" refers to vaccinations listed in the Singapore National Childhood Immunisation Schedule (NCIS). Information on Singapore National Childhood Immunisation Schedule (NCIS) is available at <https://www.nir.hpb.gov.sg/nirp/eservices/immunisationSchedule>

Disease Name	Vaccine Code	Vaccine Name (Example)
Tuberculosis	BCG	BCG Vaccine, BCG Japan Freeze Dried Vaccine
Diphtheria	DT	Absorbed Diphtheria Tetanus Combined Toxoid, DITE Anatoxal Berna Vaccine For Children
	DPT	D.T.P. Vaccine, Diteper Anatoxal Berna Vaccine, Triple Antigen Vaccine
	DTPa	Infanrix
	DTPI	Infanrix-IPV Vaccine (DPT+IPV)
	4in1	Actacel Vaccine (DTPa+HiB), Infanrix HiB Vaccine (DTPa+HiB)
	5in1	Infanrix IPV+HiB Vaccine (DTPa+HiB+IPV), Pediacel Vaccine (DTPa+HiB+IPV), Pentaxim Vaccine (DTPa+HiB+IPV)
	HEXA (6in1)	Infanrix Hexa (DTPa+HiB+IPV+HEPB), Hexaxim (DTPa+HiB+IPV+HEPB)
	Tdap	Boostrix Vaccine
Polio	SAB	Polio Sabin (Oral) Vaccine, Oral Poliomyelitis Vaccine
	IPV	Imovax Polio Injection
Measles	AMI	Attenuvax Vaccine, Moraten Berna Vaccine
	MMR	Priorix, M-M-R II Vaccine
	MUMP	Mumps Vaccine, Mumpsvax Vaccine
	MMRV	Proquad (MMR+CPOX), Priorix-Tetra (MMR+CPOX)
	RM	Biavax II Vaccine
	RUB	Meruvax II Vaccine, Rubeaten Berna Vaccine
Hepatitis	HABV	Twinrix Junior Vaccine
	HEPA	Havrix Junior Vaccine, Havarix 1440 Vaccine, Epaxal Vaccine
	HEPB	HBVAXPRO Injection, H-B-Vax II, Engerix B Vaccine
Pneumococcal	PNC	Prevenar Vaccine, Prevenar 13 Suspension, Synflorix Suspension Vaccine
	PPSV	Pneumovax 23 Vaccine, Pneumo 23 Vaccine
Human Papillomavirus	HPV	Cervarix, Gardasil Vaccine
Others		
Cholera	CHL	Dukoral Vaccine Against Cholera and Etec-Diarrhoea, Cholera Vaccine
Chicken Pox	CPOX	Okavax Live Attenuated Varicella Virus Vaccine-Biken, Varivax Vaccine, Varirix Vaccine
Haemophilus Influenzae Type B	HiB	Hiberix Vaccine, Act-Hib For Injection
Influenza	INF	Vaxigrip Vaccine, Fluavax, Agripal S1 Influenza Vaccine, Influvac, Fluarix Tetra Suspension Vaccine
Japanese Encephalitis	JEVL	Japanese Encephalitis Vaccine, Ixiaro Suspension, Imojev Powder and Diluent For Suspension
Meningococcal	MNC	Menactra, Mencevax ACWY Vaccine, Menomune Vaccine
Rabies	RAB	Rabipur, Merieux Inactivated Rabies Vaccine
Rotavirus	RV	Rotateq, Rotarix Oral Suspension
Typhoid	TPI	Typherix Vaccine, typhim VI Injection, Typhim Solution For Injection
	TPO	Vivotif Berna Capsule
Tetanus Toxoid	TT	Absorbed Tetanus, Tetavax, Te Anatoxal Berna
Yellow Fever	YFV	Stamaril Vaccine, Arilvax Vaccine (Leucosis-Free)

Immunisation Registration Form



SECTION I : Personal Information

Name of Applicant¹ : Wendy Low
 Date of Birth : 01 / 04 / 2017
 Gender : Male Female

Travel Document No.² : E1234567
 Country of Birth : Hong Kong

SECTION II : Immunisation Information

SAMPLE

Please read the Useful Information carefully before filling up this registration form.

A) Compulsory Vaccinations ³					
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Exempted ⁵	Useful Information
1	Diphtheria, Tetanus, Pertussis				* Minimum age for Diphtheria vaccination is 6 weeks old
	Dose 1	03/07/2017	Infanrix IPV/HiB		* Minimum interval to next vaccine dose :
	Dose 2	10/08/2017	Infanrix IPV/HiB		- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	10/09/2017	Infanrix Hexa		- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months
	Booster 1	01/11/2018	Infanrix IPV/HiB		- between Booster dose (i.e. Booster 1/2) : 6 months
	Booster 2	DD/MM/YYYY			* Maximum age for Diphtheria vaccination Booster 1 is 7 years old
2	Measles				* Minimum age for Measles vaccination is 12 months old ⁶
	Dose 1	03/04/2018	Priorix Tetra		* 2 doses of Measles vaccine <u>MUST</u> be completed between 12 - 18 months of age
	Dose 2	01/11/2018	Priorix Tetra		* Minimum interval to next vaccine dose : 4 weeks

B) Recommended Vaccinations ⁷					
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Exempted ⁵	Useful Information
3	Tuberculosis				
	Dose 1	01/04/2017	BCG		
4	Hepatitis B ⁸				* Minimum interval to next vaccine dose :
	Dose 1	01/04/2017	Engerix B		- between Dose 1 and Dose 2 : 4 weeks
	Dose 2	04/05/2017	Engerix B		- between Dose 2 and Dose 3 : 8 weeks
	Dose 3	10/09/2017	Infanrix IPV/HiB		
5	Polio				* Minimum age for Polio vaccination is 6 weeks old
	Dose 1	03/07/2017	Infanrix IPV/HiB		* Minimum interval to next vaccine dose :
	Dose 2	10/08/2017	Infanrix IPV/HiB		- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	10/09/2017	Infanrix Hexa		- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months
	Booster 1	01/11/2018	Infanrix IPV/HiB		- between Booster dose (i.e. Booster 1/2) : 6 months
	Booster 2	DD/MM/YYYY			

SECTION III : Declaration

For Parents / Guardian of applicants	For Certifying Doctor
<p>I hereby declare that all information provided by me on this Form is true and correct, and that I have provided documentary proof of the vaccination(s) to the Certifying Doctor if the vaccination(s) was administered elsewhere. I understand that giving false or misleading information to any public servant of the Singapore Health Promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence, which may result in legal prosecution.</p> <p>I understand that all information provided in this Form will be submitted online via HPB's website(s) and therefore subject to HPB's Terms of Use (link: https://www.hpb.gov.sg/terms-of-use), and Privacy Statement (link: https://www.hpb.gov.sg/privacy-statement) as stated on its websites, which I have read and understood.</p> <p>I understand that it is my responsibility as the Parent/Guardian of the Applicant to maintain proper records of the original copies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.</p> <p>Name/Signature & Date : <u>Andy Low Andy 1/2/2019</u></p> <p>Relationship : <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian</p>	<p>I hereby declare that, to the best of my knowledge, all information entered by me on this Form is true and correct, and that I have obtained documentary proof of the vaccination(s) that was administered elsewhere. I understand that giving false or misleading information to any public servant of the Singapore Health Promotion Board ("HPB") and the National Immunisation Registry could amount to a serious offence, which may result in legal prosecution.</p> <p>I understand that it is my responsibility as the Certifying Doctor to maintain proper records of the photocopies and/or softcopies of this duly completed Form and any documentary proof of the Applicant's vaccination(s) therein, which may be required by HPB for auditing and/or examination purposes in the future.</p> <p>Name/Signature & Date : <u>Kelvin Cheng 1/2/2019 KCheng</u></p> <p>Name in Local Language (Please Indicate clearly) : <u>程楷汶</u></p> <p>Practice Licence No. : <u>M12345</u></p> <p>Clinic/Hospital Name & Stamp : <u>Cheng & Tse Pediatric Specialist Clinic</u></p> <p>Email & Contact Phone No. : <u>ctpsc@gmail.com.hk +852 1234 5678</u></p> <p>Address : <u>6/F Alpha House Nathan Road Central Hong Kong</u></p>

1 "Name of Applicant" refers to the name of child who is applying for the "Verification of Vaccination Requirements (for Entry to Singapore)"

2 "Travel Document No." refers to the document which the applicant will use for the application of "Verification of Vaccination Requirements (for entry to Singapore)" to Health Promotion Board (HPB) and long-term immigration pass to Ministry of Manpower (MOM), Dependant's Pass(DP) or Long Term Visit Pass (LTPV) or Immigration & Checkpoints Authority of Singapore (ICA), Student's Pass (STP). The travel document (e.g. Passport) should have a validity date of at least six months at time of application to HPB. The same travel document should be used for application at both HPB and MOM or ICA.

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4 "Vaccine Name" refers to a vaccine code or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.

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6 Any dose of measles-containing vaccine given before 12 months of age should not be counted as part of the series. Children vaccinated with measles containing vaccine before 12 months of age should be re-vaccinated with two doses of MMR vaccine, the first of which should be administered when the child turns at least 12 months of age. [Reference to Centers for Disease Control and Prevention publication "Epidemiology And Prevention of Vaccine-Preventable Diseases 13th Edition].

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8 Combination vaccines containing a hepatitis B component (e.g. Infanrix hexa, Pentavac PFS) are available. These vaccines should not be administered to infants younger than 6 weeks because of the other components (i.e. Hib, DTaP, HepA and IPV).

B) Recommended Vaccinations ⁷				
S/N	Dose Sequence	Date of Immunisation (DD/MM/YYYY)	Vaccine Name ⁴	Useful Information
6	Haemophilus Influenzae Type B			* Minimum age for Hib vaccination is 6 weeks old
	Dose 1	03/07/2017	Infanrix IPV/HiB	* Minimum interval to next vaccine dose :
	Dose 2	10/08/2017	Infanrix IPV/HiB	- between each Primary dose (i.e. Dose 1/2/3) : 4 weeks
	Dose 3	10/09/2017	Infanrix Hexa	- between Primary dose and Booster dose (i.e. Dose 3 and Booster 1): 6 months
	Booster 1	01/11/2018	Infanrix IPV/HiB	
7	Pneumococcal			* Minimum interval to next vaccine dose :
	Dose 1	03/07/2018	Prevenar 13	- between each Primary dose (i.e. Dose 1/2) : 4 weeks
	Dose 2	07/12/2018	Prevenar 13	- between Primary dose and Booster dose (i.e Dose 2 and Booster 1): 8 weeks
	Booster 1	DD/MM/YYYY		
8	Human Papillomavirus			* Recommended for females 9 to 26 years
	Dose 1	DD/MM/YYYY		* Minimum interval to next vaccine dose :
	Dose 2	DD/MM/YYYY		- between Dose 1 and Dose 2 : 4 weeks
	Dose 3	DD/MM/YYYY		- between Dose 2 and Dose 3 : 12 weeks

SAMPLE

* Please fill up Table 1 for any additional immunisation(s) and/or dose(s) taken but not listed above in item 1 to 7

Table 1 : Optional Vaccination

S/N	Immunisation*	Date (DD/MM/YYYY) / Vaccine Name ⁴				
		Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
1	RV	03/07/2017 /Rotarix	10/08/2017 /Rotarix	10/09/2017 /Rotarix		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

* Please refer to Appendix A for Vaccine Code and Vaccine Name

National Childhood Immunisation Schedule, Singapore										
Vaccination against	Birth	1 Month	3 Months	4 Months	5 Months	6 Months	12 Months	15 Months	18 Months	10-11 Years [^]
Tuberculosis	BCG									
Hepatitis B	HepB (D1)	HepB (D2)				HepB (D3)#				
Diphtheria, Tetanus, Pertussis			DTaP (D1)	DTaP (D2)	DTaP (D3)				DTaP (B1)	Tdap (B2)
Poliovirus			IPV (D1)	IPV (D2)	IPV (D3)				IPV (B1)	OPV (B2)
Haemophilus influenzae type b			Hib (D1)	Hib (D2)	Hib (D3)				Hib (B1)	
Measles, Mumps, Rubella							MMR (D1)		MMR (D2)##	
Pneumococcal Disease			PCV (D1)		PCV (D2)		PCV (B1)			
Human Papillomavirus	Recommended for females 9 to 26 years; three doses are required at intervals of 0, 2, 6 months									

⁴ "Vaccine Name" refers to a vaccine code or trade name of the vaccine. Examples of vaccine code and vaccine name can be found in Appendix A.

⁷ "Recommended Vaccinations" refers to vaccinations listed in the Singapore National Childhood Immunisation Schedule (NCIS). Information on Singapore National Childhood Immunisation Schedule (NCIS) is available at <https://www.nir.hpb.gov.sg/nirp/eservices/immunisationSchedule>

Appendix A : Vaccine Code and Vaccine Name

Disease Name	Vaccine Code	Vaccine Name (Example)
Tuberculosis	BCG	BCG Vaccine, BCG Japan Freeze Dried Vaccine
Diphtheria	DT	Absorbed Diphtheria Tetanus Combined Toxoid, DITE Anatoxal Berna Vaccine For Children
	DPT	D.T.P. Vaccine, Diteper Anatoxal Berna Vaccine, Triple Antigen Vaccine
	DTPa	Infanrix
	DTPi	Infanrix-IPV Vaccine (DPT+IPV)
	4in1	Actacel Vaccine (DTPa+HiB), Infanrix HiB Vaccine (DTPa+HiB)
	Sin1	Infanrix IPV+HiB Vaccine (DTPa+HiB+IPV), Pediacel Vaccine (DTPa+HiB+IPV), Pentaxim Vaccine (DTPa+HiB+IPV)
	HEXA (6in1)	Infanrix Hexa (DTPa+HiB+IPV+HEPB), Hexaxim (DTPa+HiB+IPV+HEPB)
	Tdap	Boostrix Vaccine
Polio	SAB	Polio Sabin (Oral) Vaccine, Oral Poliomyelitis Vaccine
	IPV	Imovax Polio Injection
Measles	AMI	Attenuvax Vaccine, Moraten Berna Vaccine
	MMR	Priorix, M-M-R II Vaccine
	MUMP	Mumps Vaccine, Mumpsvax Vaccine
	MMRV	Proquad (MMR+CPOX), Priorix-Tetra (MMR+CPOX)
	RM	Biavax II Vaccine
	RUB	Meruvax II Vaccine, Rubeaten Berna Vaccine
Hepatitis	HABV	Twinrix Junior Vaccine
	HEPA	Havrix Junior Vaccine, Havarix 1440 Vaccine, Epaxal Vaccine
	HEPB	HBVAXPRO Injection, H-B-Vax II, Engerix B Vaccine
Pneumococcal	PNC	Prevenar Vaccine, Prevenar 13 Suspension, Synflorix Suspension Vaccine
	PPSV	Pneumovax 23 Vaccine, Pneumo 23 Vaccine
Human Papillomavirus	HPV	Cervarix, Gardasil Vaccine
Others		
Cholera	CHL	Dukoral Vaccine Against Cholera and Etec-Diarrhoea, Cholera Vaccine
Chicken Pox	CPOX	Okavax Live Attenuated Varicella Virus Vaccine-Biken, Varivax Vaccine, Varirix Vaccine
Haemophilus Influenzae Type B	HiB	Hiberix Vaccine, Act-Hib For Injection
Influenza	INF	Vaxigrip Vaccine, Fluavax, Agripal S1 Influenza Vaccine, Influvac, Fluarix Tetra Suspension Vaccine
Japanese Encephalitis	JEVL	Japanese Encephalitis Vaccine, Ixiaro Suspension, Imojev Powder and Diluent For Suspension
Meningococcal	MNC	Menactra, Mencevax ACWY Vaccine, Menomune Vaccine
Rabies	RAB	Rabipur, Merieux Inactivated Rabies Vaccine
Rotavirus	RV	Rotateq, Rotarix Oral Suspension
Typhoid	TPI	Typherix Vaccine, typhim VI Injection, Typhim Solution For Injection
	TPO	Vivotif Berna Capsule
Tetanus Toxoid	TT	Absorbed Tetanus, Tetavax, Te Anatoxal Berna
Yellow Fever	YFV	Stamaril Vaccine, Arilvax Vaccine (Leucosis-Free)