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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Routine Immunization Register

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Region   **Zone/Subcity/Woreda**   **Health Facility Name**   **Begin Date**   **End Date**

INSTRUCTIONS FOR ROUTINE IMMUNIZATION REGISTRATION AT ALL FACILITIES

Record immunization at all levels until child completes immunizations

Location information to be completed at front of register:

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Kebele	If Health Post, write the name of the kebele where the Health Post is located.
Name of Health Facility	Write the name of the health facility where the EPI and GM services are provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

S. N	Datum	Comments
	Identification: personal information	
1	S. N	Write sequential serial number in registration book;
2	Infant's MRN	Write infants Medical Record Number Unique individual identifier used on medical information folder
3	Name of infant	Write the name of the infant
4	Date of birth	Write Infant's date of birth, written as (EC) Day/Month/Year (DD/MM/YY)
5	Sex(M/F)	Write Child's sex: M = Male; F=Female
6	Name of Mother	Write the name of the mother
7	Mother's MRN	Write Medical Record Number Unique individual identifier used on mother's medical information folder Mothers should be informed to come with their Td immunization card when they come for child immunization.
	Identification: Address	
8	Woreda /Kebele	Write Woreda in upper row and Kebele in the lower row
9	Gote/House number	Write gote in the upper row and house number in the lower row
	Registration	
10	Reg. Date (DD/MM/YY)	Date registered, written as (EC) Day/Month/Year (DD/MM/YY)
	Immunization Services: Antigens Received	
11	Dose number	Indicates specific dose number of antigens
12	BCG	Write Date BCG antigen received, written as (EC) Day/Month/Year (DD/MM/YY)
13	OPV (0-3)	Write Date OPV antigens received in each row, written as (EC) Day/Month/Year (DD/MM/YY)
14	HepB birth dose: within 24 hrs (DD/MM/YY)	Write Date HePB BD antigen received within 24 hrs (DD/MM/YY)
15	HepB birth dose: after24 and below 14 days (DD/MM/YY)	Write Date HePB BD antigen received after24 and below 14 days (DD/MM/YY)
16	DTP-HebB-Hib (1-3)	Write Date DTP-HebB-Hib antigen received in each row, written as (EC) Day/Month/Year (DD/MM/YY)
17	PCV (1-3)	Write Date PCV antigens received in each row, written as (EC) Day/Month/Year (DD/MM/YY)
18	Rota(1-2)	Write Date Rota antigens received in each row, written as (EC) Day/Month/Year (DD/MM/YY)
19	IPV (1-2)	Write Date IPV antigen received, written as (EC) Day/Month/Year (DD/MM/YY) for both IPV1 and IPV2
20	MCV (1-2)	Write Date MCV/Measles antigens received in each row, written as (EC) Day/Month/Year (DD/MM/YY)
21	Fully immunized (√)	Tick if child completes full series of immunizations by first Birthday
	Immunization Service: Neonatal tetanus protection	
22	No. of Td doses Mother received in last Pregnancy	Write number of Td doses mother received in last pregnancy (Quality check for PAB in column 22: either column 20 or 21, but nor both, should be ticked if PAB (column 22) is ticked.) Infant is considered if mother received a total of 3 or more doses in column 21 or if mother has received 2 doses in her last pregnancy
23	Total No. of Td doses Mother received	Write total number of Td doses mother received any time (See note on column 20 for purpose of this column.)
24	Protected from neonatal tetanus at birth (PAB) (√)	Tick if mother received 2 doses of Td in last pregnancy or a total of 3 doses at any time (Quality check for PAB : either 2 doses in column 20 or 3 or more doses in column 21)
	Associated Services	
25	Nutrtional screening date (DD/MM/YY)	Write the Date of child growth was monitored, written as (EC) Day / Month / Year (DD/MM/YY)
	Screened & linked to CINuS (√)	Tick (√) if child screened for nutritional status and linked to CINuS
26	Developmental milestone assessment	Screen and write the Developmental milestone status, write code: "NDD"- No Developmental Delay; "SDD" -Suspected developmental delay; or "DD": -Developmental delay
27	Remarks	Appointment / other comments

ROUTINE IMMUNIZATION REGISTER

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MINISTRY OF HEALTH-ETHIOPIA

Identification										Routine Immunization Register														Associated services		
Personal information						Address		Registration		Antigens received												Neonatal tetanus protection			Nutritional screening date (DD/MM/YY)	Development milstones assessment	Remark/Appointment
						Woreda	Gott						Hep Birth dose														
S.N	Infant's MRN	Name of infant	Date of Birth (DD/MM/YY)	Sex (M/F)	Name of mother	Mother's MRN	Kebele	House Number	Reg. Date (DD/MM/YY)	Dose number	BCG (DD/MM/YY)	OPV (DD/MM/YY)	within 24 hrs (DD/MM/YY)	after24 and below 14 days (DD/MM/YY)	DPT-Hep-Hib (Pentavalent) (DD/MM/YY)	PCV (DD/MM/YY)	Rota (DD/MM/YY)	IPV (DD/MM/YY)	Measles (DD/MM/YY)	Fully immunized (v)	No. of Td doses Mother received in last pregnancy	Total No. of Td doses Mother received	Protected at birth (PAB) (v)	Screened & linked to CINuS (v)	Write code	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
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Develompment milstones assessment classification code (Col. 26)
NDD- No Developmental Delay
SDD -Suspected developmental delay
DD: -Developmental delay

Count # of children with

NDD	
SDD	
DD	