

**Immunization Data****At Birth**

OPV 0

**At Six Weeks**

OPV 1

**At Ten Weeks**

Rota-2

**At Fourteen Weeks**

Rota-3

**At Six Months**

Rota-1

**At Seven Months**

Influenza -2

**At Six to Nine Months**

Typhoid Conjugate Vaccine OPV 2 OPV 2 OPV 2 OPV 2 OPV 2 OPV 2 OPV 2 OPV 2 OPV 2

**At Nine Months**

MMR 1 (Mumps, measles, Rubella)

**At Twelve Months**

Hepatitis A- 1

**At Twelve To Fifteen Months**

PCV Booster

**At Fifteen Months**

Varicella

**At Sixteen To Eighteen Months**

IPV

**At Eighteen To Nineteen Months**

Typhoid Booster

**At Two Years**

Annual Influenza Vaccine

**At Three Years**

Annual Influenza Vaccine

**At Four Years**

Annual Influenza Vaccine

**At Five Years**

Annual Influenza Vaccine

**At Four To Six Years**



**Emotional Behaviour Assessment**

Pediatric Emotional	Low
Attention Problems	Low
Internalizing Problems	Low
Externalizing Problems	Low

**Elements of Lifestyle**

**Appetite**

Carb	Veggies/Fruit	Sweet	Salt	Oil	Junk food

**Lifestyle**

Sleep	Exercise	Lifestyle	Meditation

**Substance**

Smoking	Tobacco	Alcohol	Other Abuse