

**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 Typhoid Conjugate Vaccine 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   |
|  |  |  |  |