

VACCINATION LOG

Child's Name:

BC Number:

Vaccination Package:

CHILD'S AGE		Appt Date		Appt Date		Appt Date		Appt Date
At birth	BCG		Hep B D1					
2 months	6in1		PCV D1		Rotarix D1		CDS	
4 months	5/6in1		PCV D2		Rotarix D2		CDS	
6 months	6in1		PCV D3				CDS	
12 months	MMR^		PCV B1		Varicella^		CDS	
15 months	MMRV							
18 months	5in1				Hep A D1		CDS	
24 months					Hep A D2			
30 months							CDS	
48 months							CDS	

^Can be substituted with MMRV

Other Vaccinations _____ Other Vaccinations _____

Other Vaccinations _____ Other Vaccinations _____

FIND YOUR NEAREST PMG CLINIC

SELETAR

1 Seletar Road, #02-11
Greenwich V, S(807011)
Tel: 6555 3512 | Fax: 6484 2240

PAYA LEBAR

60 Paya Lebar Road, #02-09
Paya Lebar Square, S(409051)
Tel: 6702 2940 | Fax: 6702 2941

HILLVIEW

4 Hillview Rise, #02-20
HillV2, S(667979)
Tel: 6710 7157 | Fax: 6710 7167

NOVENA

275 Thomson Road, #01-05
Novena Regency, S(307645)
Tel: 6254 3862 | Fax: 6254 3962




phoenix
medical group

VACCINATION for children

BOOK AN APPOINTMENT FOR YOUR CHILD'S VACCINATION.

Call our respective outlets or email us at askpmg@phoenixmedical.sg