



KENYA
PAEDIATRIC
ASSOCIATION

Immunization Checklist for patients with Immune-mediated Inflammatory Disorders (IMIDs)

Please fill in the Immunization Checklist **at every visit** using guidance from the attached immunization schedules.

Name of Patient:

Hospital/Registration Number:

Sex: Male Female

Date of Birth: (dd/mm/yyyy)

IMID Diagnosis:

Date of initial Diagnosis (if known) (dd/mm/yyyy)

Current medications:

Date of Education on recommended vaccines: (dd/mm/yyyy)

Immunization Status according to Kenya Expanded Vaccination schedule for Routine Immunization for age.

Completed Incomplete Unknown

List missed routine vaccines:

Date catch up vaccination done/scheduled: (dd/mm/yyyy)

List pending/upcoming routine vaccines:

Any additional vaccines beyond the routine Kenya Expanded Vaccination Schedule

Vaccine	Date(s) given(dd/mm/yyyy)
PCV13	
PPV23	
Influenza*	
Hib containing vaccine	
Meningococcal	
Other additional vaccines	

*if given annually, indicate so.

Additional recommended vaccines:

List any missed recommended additional vaccines:

Date vaccination done/scheduled (dd/mm/yyyy)