

Specimen copy

IMMUNIZATION SCHEDULE

PHC/~~CHC~~: GORIMEDU

Month/Year: DEC-2016

Sl. No.	Name of the School	No. of Students			Name of the Vaccine			Planned Date
		I	V	X	DPT 5yrs	TT 10yrs	TT 16yrs	
1	GURUGULAM - SCHOOL	31	39	15	31	39	15	15-12-16
2	JUDES SCHOOL	17	9	-	17	9	-	17-12-16
3	ACHARIYA SCHOOL	21	-	-	21	-	-	19-12-16
4	G.P.S - SOOKANATHAN PET	31	-	-	31	-	-	21-12-16

*H. Chandra*

MEDICAL OFFICER I/C

**MEDICAL OFFICER  
PRIMARY HEALTH CENTRE**

POLICE COMPLEX,  
GORIMEDU - 605 006.