



# The Bharat Scouts & Guides

Support to "Indradhanus" Immunization Initiative



Be Wise!  
Get your child  
fully immunized

1. Name of State: \_\_\_\_\_
2. Name of District: \_\_\_\_\_
3. Name of Unit: \_\_\_\_\_
4. Address of Unit: \_\_\_\_\_

5. No. of Participants:

Scouts

Guides

Rover

Rangers

Adult Leaders

Others

6. Date of Immunization Programme. \_\_\_\_\_
7. Immunization through vaccination done on:
  - a. No. of children (below two years): \_\_\_\_\_
  - b. No of pregnant women: \_\_\_\_\_
8. Place/Area taken for Immunization Programme \_\_\_\_\_

9. Immunization given for (please tick "✓")

Diphtheria

☐

Pertussis (Whooping Cough)

☐

Tetanus

☐

Tuberculosis

☐

Polio

☐

Hepatitis B

☐

Measles

☐

10. Name of Voluntary Organisation participated (if any) \_\_\_\_\_
11. Name of the Medical team worked with: \_\_\_\_\_

12. Leader of the Programme: \_\_\_\_\_

13. Brief Details of the Project: \_\_\_\_\_

**Note:** This programme is to be implemented with the guidance from the doctors either from the Health Department or private practitioners.

Signature of the Leader



### Support to “Indradhanus” Immunization Initiative

[illegible]

Name of the State: \_\_\_\_\_

Name of the District : \_\_\_\_\_

Name of the Unit : \_\_\_\_\_

**Name of the District** \_\_\_\_\_

Address of the Unit: \_\_\_\_\_

**List of Participants for \_\_\_\_\_ Project**

[illegible]