



**For any queries, contact  
Surgical Outpatient Clinic  
(SOPD) at  
06- 768 5101 / 5102**

**Surgical Department  
&  
Pharmacy Department  
HTJS**



## **ADULT POST SPLENECTOMY IMMUNIZATION CARD**

**NAME**

**IC**

**SPLENECTOMY DATE**

VACCINE	DATE	ADMINISTERED BY	
Pneumococcal Vaccine	Day1 : Type :	Sign, Name : & Facility	
	Year5 : Type :	Sign, Name : & Facility	
	Year10 : Type :	Sign, Name : & Facility	
Meningococcal Vaccine	Day1 : Type :	Sign, Name : & Facility	
	Week8 : Type :	Sign, Name : & Facility	
	Year5 : Type :	Sign, Name : & Facility	
Haemophilus Influenza Vaccine	Day1 :	Sign, Name : & Facility	
Antibiotic	Duration	Date Start	Date Stop
T. Penicilin V 250mg BD	1 Year		