

Complimentary Baby Vaccinations and Developmental Screening for your baby from 2 months to 18 months old

- Child vaccination and Child Developmental Assessments (CDA) plays an important role in ensuring the health and well-being of your little one.
- Singapore's National Child Immunisation Schedule, consist of vaccinations against 12 different conditions, over 6-7 visits in the first 18 month of life.



Visit <https://www.hausmedical.sg/child-vaccination> for your appointment booking. Here are some simple steps to get you started:

Select this option if you are pregnant



Pre-Book Your Child Vaccine
•For expecting mummies •Pre-book your child vaccine slot by selecting a date/time that is 2 months after your expected delivery date (EDD) •Our team will reach out 2 weeks after the EDD to confirm the appointment date/time •Reserving your slot early to avoid missing your child's vaccine

Book Now

Select this option if baby is born



Book Your Child's Home Vaccine
•Book your child's vaccine & development assessment at the comfort of your own home •At \$0 for Singaporeans, and exclusive, preferential rate for PR/Foreigners •Conducted by doctors and nurses with extensive paediatric experience

Book Now

Provide your consent for us to contact you for booking confirmation

Consent Form

set out in this form and details of any medical appointment(s); (ii) For Haus Medical and its related companies and affiliates as well as Great Eastern, to collect, use and disclose their personal data as set out in this form and details of any medical appointment(s) for the purposes of facilitating the home based vaccination and child developmental screening services including appointment reminders, updates on Great Eastern products and other ancillary purposes.

I agree to the above

Next

Confirm your home address and preferred appointment date

Location

Please enter your postal code to view available sessions

Postal Code Unit No.

Address
*This is an onsite booking, please key in your address

Next

Booking

May, 2024

29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

Available timeslot

Next

Please complete the questions before proceeding. If you have details of your newborn such as Birth Certificate, Health Booklet, do furnish so that we can arrange accordingly. Otherwise, the clinic will contact you for more information.

Questionnaire

- Name of Child
- NRIC of Child
- Name of Parent
- Parent's contact number
+65 Phone Number
- Parent's contact email
Email Address
- Date of Birth for Child (Please upload child birth certification below)

Next

6 Date of Birth for Child (Please upload child birth certification below)

DD/MM/YYYY

Upload image *
JPG, PNG or PDF

7 What Gender is your Child?

Male Female

8 Does your Child have any known drug allergies?

9 When was the most recent vaccination visit date? Kindly upload a picture of Child's vaccination record page from the health book below. If no prior visits, can reply N/A, and upload the blank page.

Next

vaccination record page from the health book below. If no prior visits, can reply N/A, and upload the blank page.

DD/MM/YYYY

Upload image *
JPG, PNG or PDF

10 When was your child's last child developmental review visit? Upload picture of child development assessment record below. If no prior visits, can reply N/A, and upload the blank page

DD/MM/YYYY

Upload image *
JPG, PNG or PDF

11 What is your agent's contact number?

+65 Phone Number

Next

9 When was the most recent vaccination visit date? Kindly upload a picture of Child's vaccination record page from the health book below. If no prior visits, can reply N/A, and upload the blank page.

30/01/2024

Upload image *
JPG, PNG or PDF

Immunisation Record Of National Childhood Vaccinations

*Every medical practitioner shall within 7 days of a successful medical vaccination, forward to the appropriate form to any officer of the Health Protection Board who is designated by the Director of Health Services for the purpose, and file the copy of the notification to the person on whom the vaccination or individual test was carried out or, such person to a child, to the parent or guardian of such child.

Vaccine	Sequence	Site of Vaccination	Brand of Vaccine	Date Given	Batch No.	Name of Clinic/Stamp of Clinic
BCG	1 st Dose					
	2 nd Dose					
	3 rd Dose					
Diphtheria Pertussis, Tetanus* (DPTaP)	1 st Dose					
	2 nd Dose					
	3 rd Dose					
	1 st Booster					
	2 nd Booster					
Polio* (DTPaP, IPV, OPV)	1 st Dose					
	2 nd Dose					
	3 rd Dose					
	1 st Booster					
	2 nd Booster					

Take a photo of baby's health booklet (pages 57, 58 and 59)

10 When was your child's last child developmental review visit? Upload picture of child development assessment record below. If no prior visits, can reply N/A, and upload the blank page

Upload image *
JPG, PNG or PDF

SCREENING AT 3 MONTHS TO 5 MONTHS

GROWTH

Weight: kg _____ % Head/Chest Circumference: cm _____ %
Length: cm _____ %

HEARING SCREENING (if not done at birth or at 4 weeks to 8 weeks old)

Oto-acoustic emission (OAE) Automated Brainstem Auditory Evoked Response (ABR/BAER)

Date: _____

PHYSICAL EXAMINATION

Eye Examination: Fixation on moving object: Right eye Left eye
Gonioscopy: Pupillary light reflex:
Red Reflex: Hydrogous: Yes No
Squint: Yes No
Pupillary Eye Movement: Yes No

Eye Infections:

Facies Heart Genitals Posture
 Fontanelles Lungs Arms Muscle tone
 Ears Abdomen Legs Back
 Mouth/Palate Umbilicus Hips Skin
 Neck Femoral pulses
 Reflexes Moro Grasp Tonic Neck Walking/Tripping

OUTCOME OF EXAMINATION

Normal Next routine check at: _____
 Needs Follow Up At This Clinic Referral: _____
 Needs Further Evaluation Referral to: _____

Parent's (Party): _____
Doctor / Nurse: _____ Signature: _____
Clinic: _____ Date: _____

Take a photo of screening details and outcome of examination

You've booked Successfully!



We've got your booking!

A confirmation email will be sent to you shortly.

Thank you and have a nice day!

Done

You have completed the appointment booking and Haus Medical will contact you to confirm the appointment and details.

