BELIZE NATIONAL CHILD IMMUNIZATION RECORD

Health Center **District**		S.S No. Record No.	
Child's Name		BHIS No.	Girl ☐ Boy ☐
Date of Birth Year Month Day	**Birth Wt**		**Date First Seen** Year Month Day
Mother's Name	Phone. No.	Father's Name	Phone. No.
Address		Village/Town	

APPOINTMENTS

FOOD	Age in completed months											
	1	2	3	4	5	6	7	8	9	10	11	12
Breast Milk												
Other Milks												
Water and Other Liquids												
Vegetables												
Fruits (except citrus)												
Staples: Corn, Rice, potato, etc												
Cereals (bread, oats etc.)												
Beans and peas												
Meat (chicken, beef, pork, fish)												
Eggs												
Milk bi-products												

DEVELOPMENT SCREENING CHECKLIST

AGE		Y/N
1 mth	*- can he/she raise his /her head while lying down on his/her stomach?*	
	- does he/she look at your face when you are in his/her line of vision?	
2 mths	*- does he/she smile and coo?*	
	- does he/she respond to a bell?	
3 mths	*- does he/she follow a moving object?*	
	- does he/she hold his head erect when lying on his/her stomach?	
4 mths	*- does he/she puts his hands together?*	
	- can he/she laugh aloud?	
5 mths	*- can he/she roll over?*	
	- can he/she grasp a rattle/shaker?	
6 mths	*- does he/she turn towards sounds?*	
7 mths	*- can he/she be pulled to sit without his/her head lagging?*	
8 mths	*- can he/she sit steadily without support for five minutes?*	
	- can he/she pass one object from one hand to the other?	
9 mths	*- does he/she turn to a whispered voice?*	
	- will he/she feed himself /herself with bread or crackers?	
10 mths	*- will he/she pull himself/herself up to stand?*	
	- does he/she say 'mama' or 'dada'?	
11 mths	*- can he/she get from lying to sitting on his own?*	
	- can he hold a small thing between his thumb and finger?	
12 mths	*- does he/she copy speech sounds?*	

If any of the above is 'no' please consult the Nurse or Doctor

AGE	DATE	VIT-A	IRON	DE-WORM
6 M				
12 M				
18 M				
24 M				
30 M				
36 M				
42 M				
48 M				
54 M				
60 M				

WEIGHT and HEIGHT CONTROL

DATE	AGE	WEIGHT ↗	HEIGHT ↗

VACCINE	DISEASES IT PREVENTS	DOSE	AGE	VACCINATION Date	VACCINATION Batch #	Initial
BCG	TUBERCULOSIS	ONE				
Inactivated Polio	POLIOMYELITIS	FIRST				
Oral Polio	POLIOMYELITIS	SECOND				
		THIRD				
		BOOSTER 1				
		BOOSTER 2				
PENTAVALENT DPT - Hib - Hep B	DIPHTERIA WHOOPING COUGH TETANUS *H influenzae type b* HEPATITIS B	FIRST				
		SECOND				
		THIRD				
DPT	DIPHTERIA, TETANUS WHOOPING COUGH	BOOSTER				
MMR	MEASLES MUMPS RUBELLA	FIRST				
		SECOND				
Seasonal Flu	Seasonal Influenza	FIRST				
		SECOND				
OTHER'S						

ALLERGIES/DENTAL CHECK/ILLNESS

Date	Diagnosis

WEIGHT and HEIGHT CONTROL

DATE	AGE	WEIGHT	HEIGHT