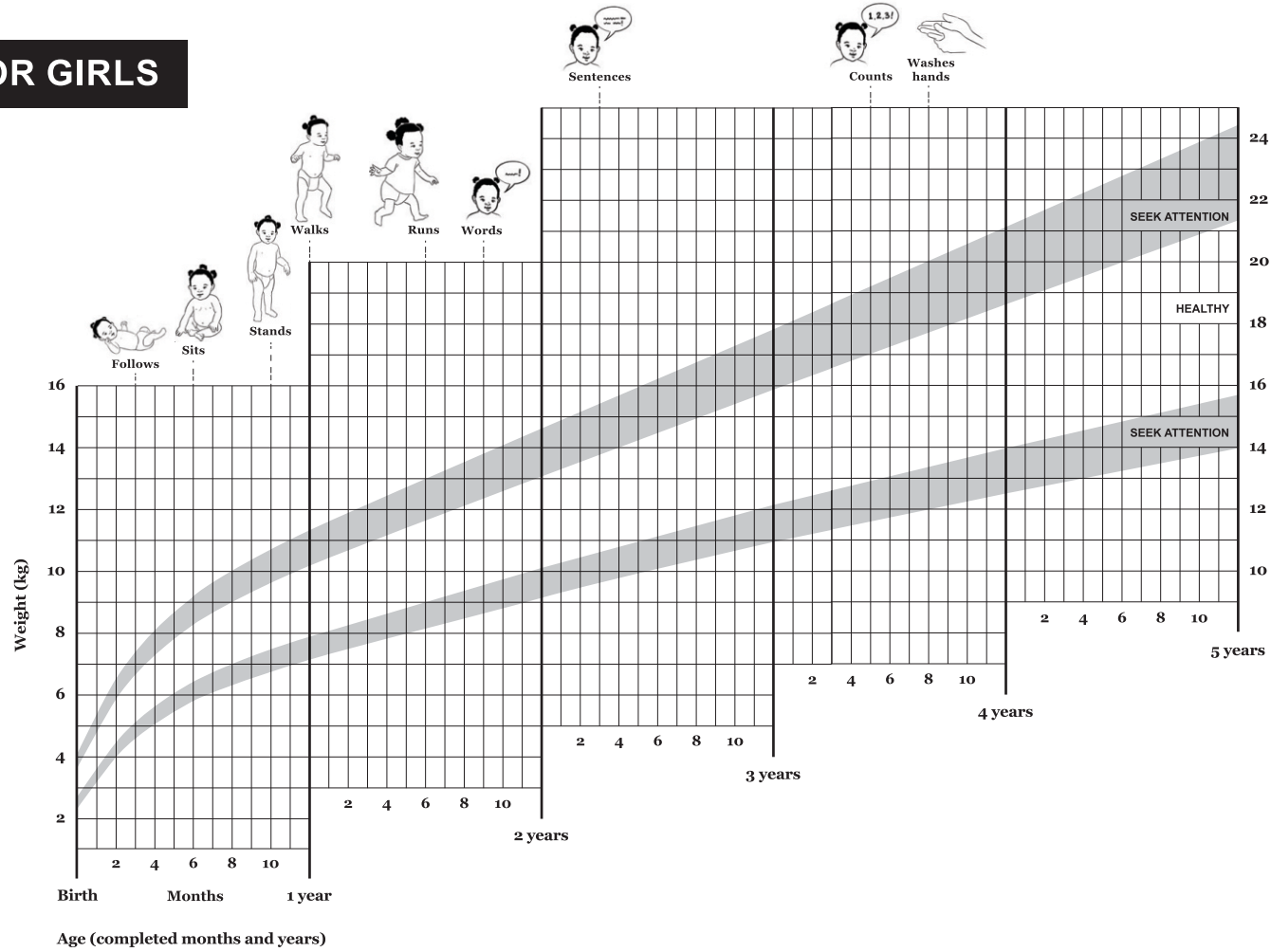
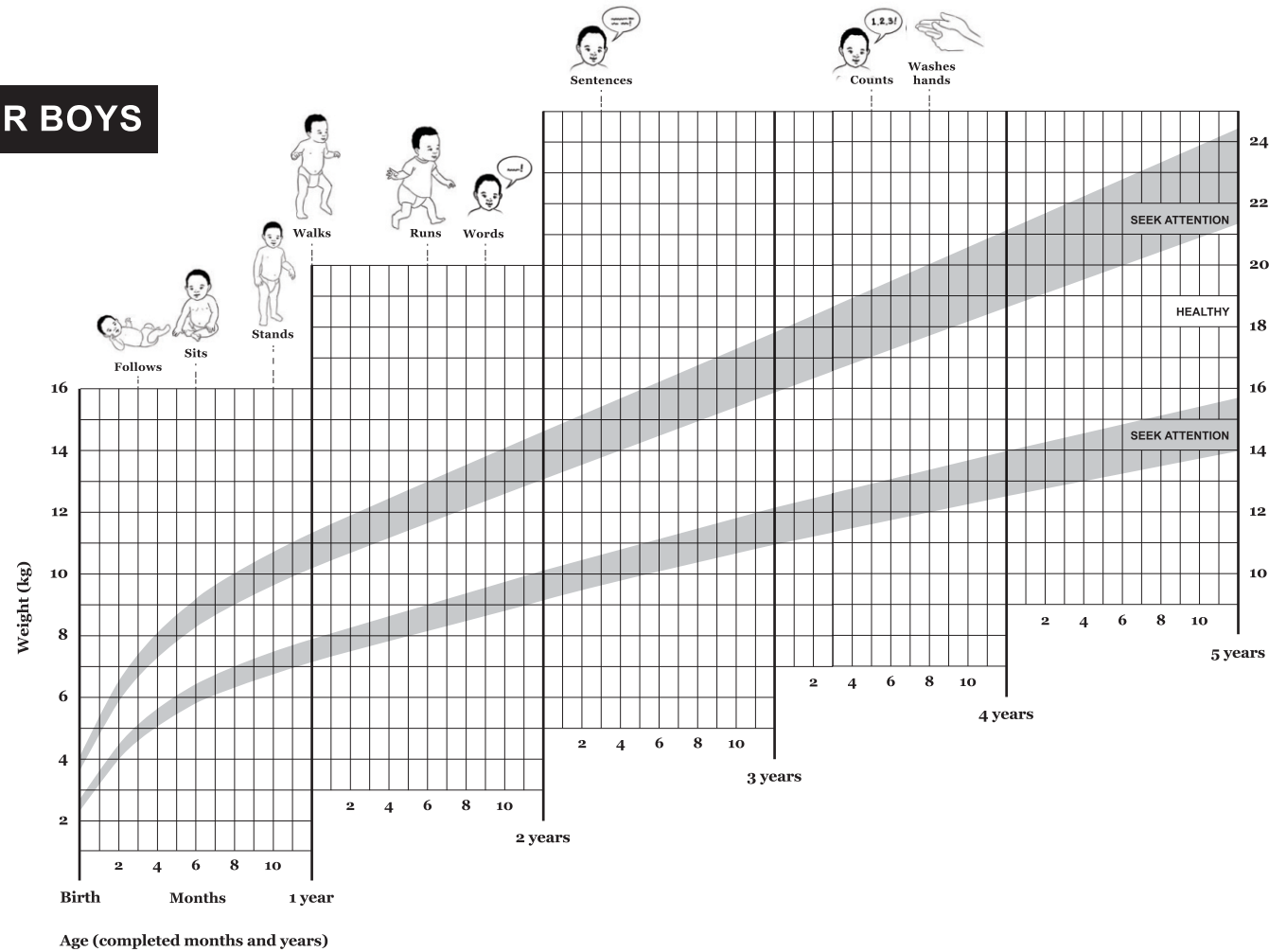


WEIGHT FOR AGE GROWTH CHART

FOR GIRLS



FOR BOYS



MINISTRY OF HEALTH THE GAMBIA CHILD HEALTH RECORD

CHILD'S INFORMATION

CHILD'S No:

First name

Family name

Date of birth (DD/MM/YYYY)

Sex Male Female

Weight at birth kg

Birth Registration No:

Place of Delivery Health Facility Home BBA Trained Staff Other

Date first seen (DD/MM/YYYY)

PARENT'S INFORMATION

Mother's Name

Father's Name

Address / Name of Village and Compound Tel. No:

POST-PARTUM EXAMINATION

		MOTHER			NEWBORN	
Within 1 week of delivery	Vital signs and weight	BP		mmhg	Temperature	°C
		Weight		kg		
		Temperature		°C		
	Lochia	Quantity	Normal	Abnormal	Eye	
		Odour	Normal	Abnormal		
		Colour	Normal	Abnormal		
Between 1-4 weeks after delivery	Vital signs and weight	BP		mmhg	Temperature	°C
		Weight		kg		
		Temperature		°C		
	Lochia	Quantity	Normal	Abnormal	Eye	
		Odour	Normal	Abnormal		
		Colour	Normal	Abnormal		

CARE FOR MOTHERS

Antigen	DD/MM/YYYY
TD1	
TD2	
TD3	
TD4	
TD5	

POST-PARTUM DD/MM/YYYY
 Vitamin A 200,000 IU

RECEIVED LLIN DD/MM/YYYY
 YES NO



IN CASE OF EMERGENCY CONTACT YOUR LOCAL HEALTH PROVIDER

Name of your local Health Center

Health Center Phone Number

