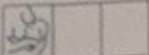
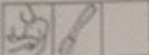

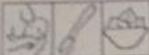






FEEDING SCHEDULE

| | | | |
|----------------------|---|---|---|
| 0 - 6 months |  | | |
| 7 - 9 months |  |  | |
| 10 months 2 years |  |  |  |
| 2 - 5 years | |  |  |



means: BREAST MILK



means: mashed sweet, juiced vegetables, fruit, soup, meat, egg, fish, rice, cereal, etc.



means: finely food, mashed food for youngest children

TREATMENT OF DIARRHEA

Diarrhea is three or more loose or watery stools in a day. Stools contain more water than normal.

Give the child with diarrhea a lot of liquids to drink. The liquids can be: juice, coconut water or boiled water.

A special drink can be made for the child with diarrhea.

1. Pour the water from one medium-sized second into clean glass or cup.
2. Add a quarter teaspoon of salt (the amount you can pinch between your finger and thumb).
3. Taste the mixture to be sure that it is no saller than tears.

Give the child this special drink every time the child passes a watery stool. If the child's condition does not improve within 24 hours, you must take the child to the nearest dispensary or the hospital.

FEDERATED STATES OF MICRONESIA DEPARTMENT OF HEALTH SERVICES

STATE OF _____

Municipality _____

Village _____

YOUR CHILD'S BIRTH, GROWTH
AND DEVELOPMENT CHART

Breast feeding and regularly weighing
your child is the best way of
expressing your love and care



NAME: _____

Sex: Male Female

Hospital Number: _____

Web ID Number: _____

Date of Birth: _____

Place of Birth: _____

Present Address: _____

Permanent Address: _____

Contact Number: _____

Mother's Name: _____

Father's Name: _____

IMMUNIZATION RECORD

| Vaccine | Date Given | Time Given | Date Next Due | Vaccine Manufact | Vaccine Lot# | Site | Signature |
|--|------------|------------|---------------|------------------|--------------|------|-----------|
| BCG | | | | | | | |
| DTAP Diphtheria Tetanus & Acellular Pertussis | | | | | | | |
| IPV Inactivated Polio Vaccine | | | | | | | |
| MMR | | | | | | | |
| HEP B | | | | | | | |
| Hib | | | | | | | |
| Rota Virus | | | | | | | |
| Pneumococcal conjugates (PCV13) | | | | | | | |
| Influenza | | | | | | | |

IMMUNIZATION SCHEDULE

| | |
|-----------------------------|------------------------------|
| BCG | Birth, Before school entry |
| DTAP | 2,4,6,12 months 4-6 years |
| IPV | 2,4,6-18 months 4-6 years |
| MMR | 12, After 1 month |
| Hib | 2,4,12 months |
| Hep B | Birth, 2,6 months |
| Rota Virus | 2,4,6 months |
| Prevna [®] (PCV13) | 2,4,6,13 months |
| Influenza | Annual |

Safeguard this Book!

Birth Weight: _____ lbs. _____ oz.

Length: _____ ins.

Circumference: Head _____ ins.
Chest _____ ins.

Pregnancy Duration: _____ weeks

Type of Delivery: _____

Type of Attendant: _____

Apgar

Score: _____ 1 minute
_____ 10 minutes

Abnormalities: _____