

REPUBLIC OF MAURITIUS
 MINISTRY OF HEALTH AND
 WELLNESS

HEALTH CARD
 BOY

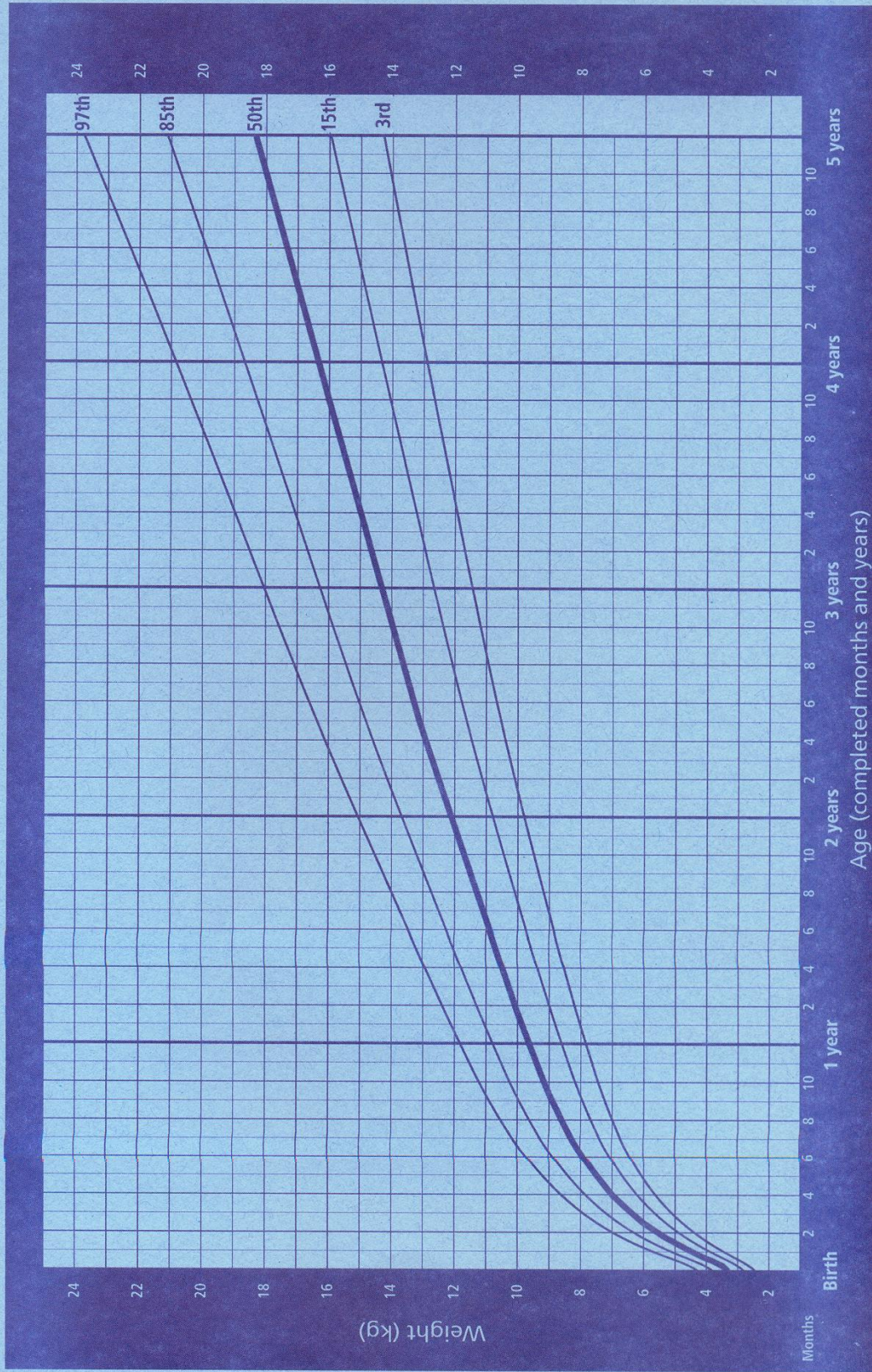
Clinic		Child's No.	
Child's Surname			
First Name			
DATE OF BIRTH		BIRTH WEIGHT	
day	month	year	
MOTHER'S NAME		Occupation	
CARER IF NOT THE MOTHER			
Father's Name		Occupation	
Address			
Date and place of issue			
How many children has the mother had?			
Number alive		Number dead	

HISTORY OF ALLERGIES	
Eczema	
Asthma	
Penicillin Sensitivity	
Other Allergy	

Milestones	Age	Achieved
Head Holding	3/12	
Sitting	7/12	
Crawling	10/12	
Walking	15/12	

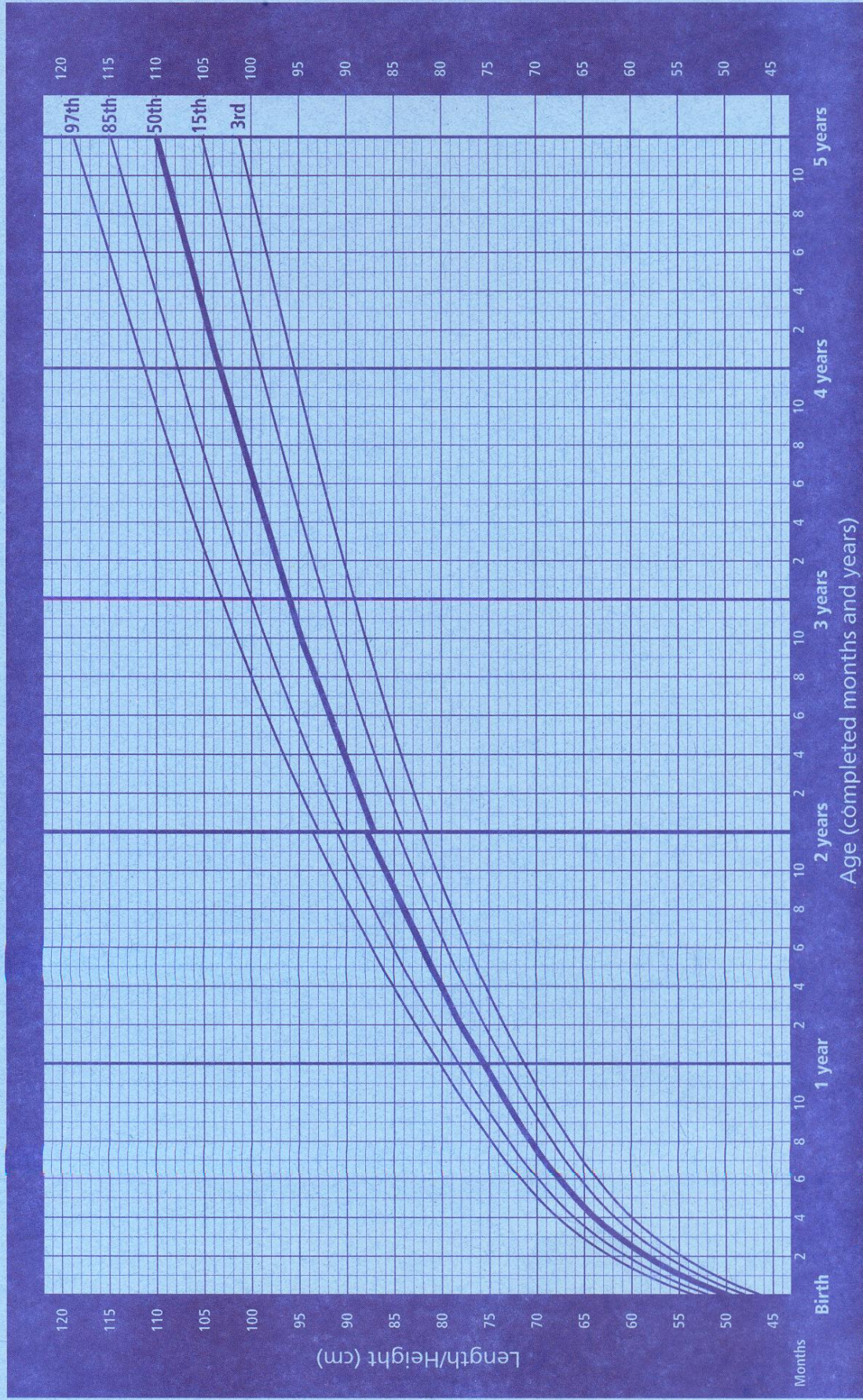
Weight-for-age

Birth to 5 years (percentiles)

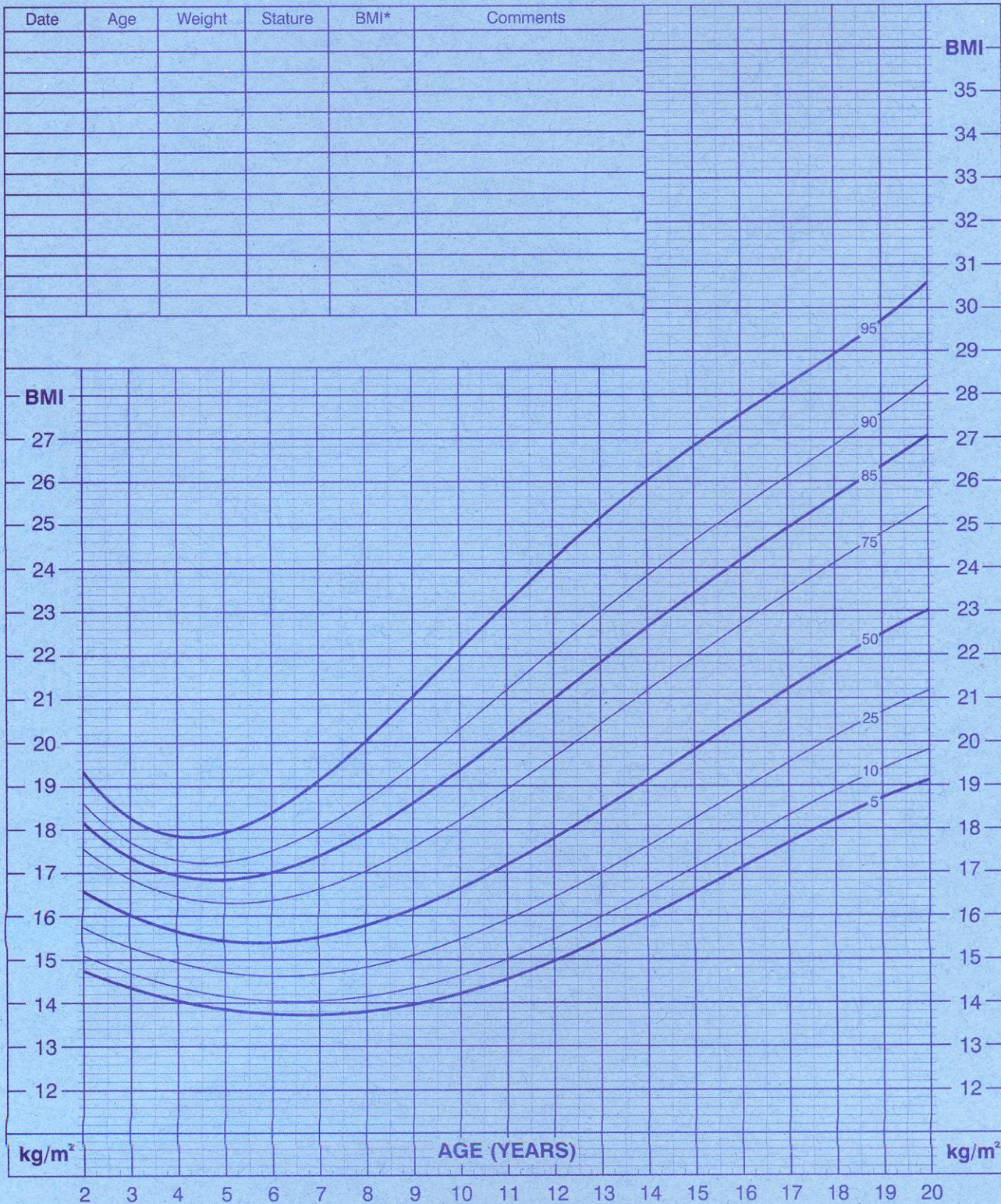


Length/height-for-age

Birth to 5 years (percentiles)



2 to 20 years: Boys
Body mass index-for-age percentiles



IMMUNISATION FOR BOYS

Vaccine	Recommended age	Date Given	Initial of Nurse	Next Appointment
BCG	0-3 MONTHS			
ROTAVIRUS VACCINE 1	6 WEEKS			
PCV 1	6 WEEKS			
HEXAVALENT 1 + OPV 1	6 WEEKS			
ROTAVIRUS VACCINE 2	10 WEEKS			
HEXAVALENT 2 + OPV 2	10 WEEKS			
PCV 2	14 WEEKS			
HEXAVALENT 3 + OPV 3	14 WEEKS			
MMR	9 MONTHS			
PCV 3	10 MONTHS			
BOOSTER MMR	17 MONTHS			
BOOSTER HEXAVALENT + OPV 4	18 MONTHS			
DTaP – IPV	(SCHOOL ENTRY) 5 YRS			
Tdap	11 - 12 YRS			
Others				

NOTE:

BCG: Bacille Calmette Guerin – against Tuberculosis

Hexavalent: Diphtheria, Pertussis, Tetanus, Haemophilus Influenzae Type B, Polio (Inactivated), Hepatitis B

MMR: Measles, Mumps, Rubella

PCV: Pneumococcal Conjugate Vaccine

OPV: Oral Polio Vaccine

DTaP – IPV : Diphtheria, Tetanus, acellular pertusis, Inactivated Polio Vaccine

Tdap : Tetanus, diphtheria, acellular pertusis

