roduced by Ministry of Health Antigua and Barbuda Symptoms/Illness/Injury treated

Illnesses

Childhood

Referrals

Health Worker

Date of

Appointments

ST. CHRISTOPHER AND NEVIS



Name and Address of Child:

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	NY.

KEEP THIS RECORD IN A SAFE PLACE

- This is a Record of your Child's health. Take it with you whenever you attend a clinic, hospital. doctor or dentist.
- You will need this card to register your child in pre-school, primary, and secondary schools, and at college/ university.

Personal Data

Child's name:	Registration number:
Parent's name:	Phone:
Address:	
Gaurdian's name:	Phone:
Address:	
Doctor/Health Facility:	Phone:
Birth Information:	
Date of Birth: Place of Birth:	Birth Rank:
Pre-term Full Term Post	
Measurements at Birth: Weight(kg) L	.ength(cm) HeadCirc(cm)
Type of birth: Normal LSCS	Other (specify)
Apgar score:	
Significant Health-related Problem:	
I . •	
Date of Dir	rth of youngest sibling:
ORAL HEALTH	I CHECKLIST
ge at first visit to the dentist (Between ages 1-3 year	ars is a good time to start)
k reasons for referral where applicable REASONS FOR I	REFERRAL
DENTAL CONDITIONS	OCCURRENCES
No teeth present by 9 months old	
Teeth present before 4 months old	
Early loss of teeth before 4 years old	
Crooked Teeth / Crowded Teeth	
10.1	
Abnormal Smile	
Cleft Lip	
Cleft Lip	

Visit Notes: Your Child's Growth and eating pattern

Date of Visit	Age at visit 0-5 Years	Head circ	Weight kg	Length cm	Hb (g/dl)	Concerns & Recommendations
	:- 1 41 1			: 1 - 4		If the shill is between 1 months and 1 months are

[✓] If the child is less than 1 month, record age in <u>completed weeks</u>. If the child is between 1 month and 1 year, record age in <u>completed months</u>. If the child is more than 1 year old, record age in <u>completed years and months</u>.

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IMMUNIZATION SCHEDULE (EPI)

			11011	CHIED		
Recommended Age & Doses	Type of Vaccine	Date of Immunization	Make	Batch #	Signature of health worker	Comment/ Adverse Reactions
At Birth or by	BCG					
2 Months / 8 Weeks						
(2 Months)	OPV					
1 st Dose	DPT					
	Hib					
	Нер В	+ +				
	OPV					
(4 Months)						
2 nd Dose	DPT Hib					
	Нер В					
	Перь					
(6 Months)	OPV					
3 rd Dose	DPT					
	Hib					
	Нер В					
		-				
(40 Mantha)	MMR					
(12 Months)	IVIIVIIX	 				
1 st Dose		+ +				
			BOOSTER	DOSES		
18 Months	OPV					
1 st Booster	DPT					
24 Months	MMR					
41/ ₂ - 5years	OPV					
2nd Booster	DT					
	MMR					
CHILD IS FULL	Y IMMUNIZED FOR	ENTRY TO P	RIMARY SCI	IOOL 🗆		
Oth 14						
Other Vaccines		 				
				l		
Key:	BCG = Bacile Calmette	e Guerin; OPV = Or	al Polio Vaccine;			
	Hib = Haemophilus Infl	uenza Type B; Hepl	B = Hepatitis B; [OPT = Diptheria, Pertu	ssis, Tetanus Toxoid; DT	= Diptheria, Td= Tetanus Toxoid;
	MMR = Measles, Mump	s, Rubella.				

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Age	Gross Mc	lotor	Age	Fine Motor & Vision		Age done	Hearing 8 Speech		Age	Social Behaviour & Play	viour	Age done
6 Weeks-2 Months	Holds head up when lying down	0[]		Follows objects side to side with gaze	[] o		Listens to rattle 6" away at ear level	0[]		Gazes at your face	0 []	
4 Months	Lifts head and chest up when lying on stomach	0 []		Puts hands together and plays with them	110		Coos gurgles and squeals	0[]		Returns your smile	0[]	
6 Months	Bears weight on feet when held under arms	0[]		Reaches out to grasp	0[]		Babbles	0[]		Puts every- thing in mouth	0[]	
9 Months	Sits without support/crawls on hands and knees	0[]		Passes toy from hand to hand (transfers)	0 []		Shouts for attention	0[]		Finger feeds self	0[] H[]	
12 Months	Pulls to stand and walks alone holding on	0[]		Points with index finger	0 []		Speaks three words(other than ma da da) with meaning	0[]		Waves "bye bye"	0 []	
				Picks up small objects between thumb and forefinger	0[]					Drinks from cup	0 [] H []	
15 Months	Walks alone	0 [] H []		Places one object on top of another	0 [] H []		Speaks 4-5 clear words	0[] H[]		Shows shoes	0 [] H []	
18 Months	Climbs onto chairs	0 E		Turns pages	0 H		Points to eyes, nose and mouth	0[] H[]		Takes off shoes and socks	0 [] H []	
24 Months	Runs	0[] H[]		Recognizes details in picture book	0 H		Says own name	0[] H[]		Takes off clothes	0 [] H []	
	Climbs stairs	0 [] H []		Copies vertical line	0 H		Speaks 2 or 3 word phrases	0 [] H []		Shows or tells what he/she wants	0[] H[]	
36 Months	Kicks ball forward	0 [] H []		Scribbles using fingers instead of fist	0 [] H []		Names a friend	0[] H[]		Dresses self but cannot do buttons	0 [] H []	
	Jumps with both feet off the ground	0 []		Holds pencil in writing position	== 0 H		Points at and names 6 body parts	0 H[]		Washes and dries hands Toilet Trained	0 0 0 0 0 0 0 0 0 0 0	
48 Months	Stand on one foot and balances self	0 [] H []		Copies circles and cross	0 H		Listens	0 [] H		Shares, follows rules and takes turns when playing	0 [] H []	
	Throws ball over hand	0 H		Unbutton buttons	□ □ H		Counts up to 10	0 H			0 [] H	

O = Observed = History

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					If the shild is between 1 mouth and 1 year record age
					O-5 Years Circ Kg Cm (g/dl)

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Allergies:

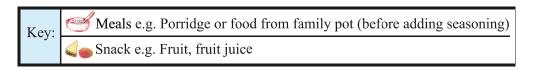
Age	Allergy (Foods & Others)	Reaction	Advice / Referral

Recommendations for Feeding

Age of Child	In first 6 mths (180 days)	6 mths to 8 mths	9 mths to 11 mths	12 mths to 23 mths	24 mths to 5 yr
Frequency	Day Right	+ If needed add:	If needed add:	If needed add:	++++
Type of foods	Breastmilk only	•Breast milk + •Soft, thick porridge made with milk •Well- mashed family foods •Mashed fruit or fruit juice between meals	Breast milk + Soft, thick porridge made with milk Finely chopped or mashed family foods Mashed fruit or fruit juice between meals	•Breast milk + •A variety of foods including thick porridge chopped family foods and fruits	•A variety of family foods and fruits
Amount of food to offer at each meal	Until baby comes off the breast	Begin with 2-3 tablespoons (Increase gradually to ½ cup)	½ bowl (250ml)	3/4 - 1 bowl(250ml)	1 bowl (250ml)

The bowl shown in the bottom row of the feeding recommendations should be the same size as a ½ lb margarine container

- If the child is not breastfed, ask the health worker for suggestions on feeding him or her.
- If the child is sick, continue feeding and give more fluids (breastfeed more often)
- After illness encourage the child to eat more.



WHO Child Growth Standards Weight (kg)

Visit Notes: Your Child's Growth and eating pattern

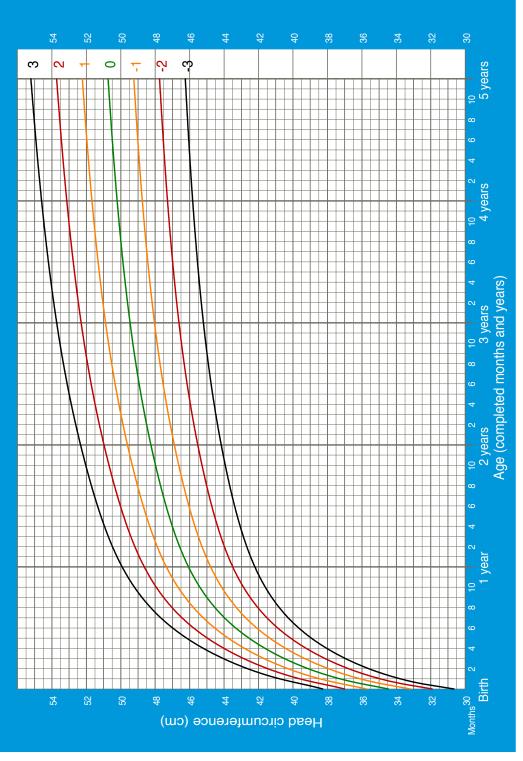
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BOYS Head circumference-for-age

Birth to 5 years (z-scores)



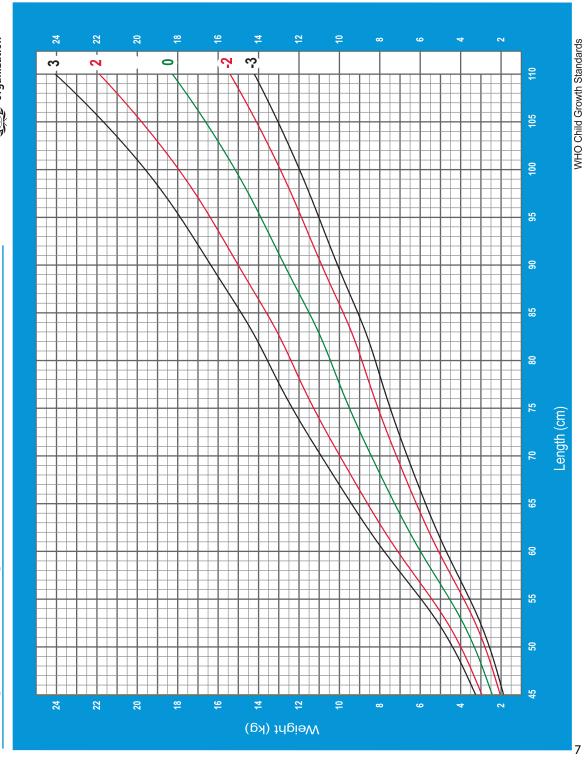


WHO Child Growth Standards

Weight-for-length BOY

Birth to 23 Months (z-scores)





Understanding Your Child's Growth Chart – Boy

Length / Height-for-Age: Birth - 5 years (z - scores)

