

Road to Health Chart

IMPORTANT: always bring this chart when you visit any health clinic, doctor or hospital and present the chart on school entry



Department of Health

GW 8/123

Child's name boy girl

Child's ID number

Date of birth: day month year Place of birth

Birth weight Birth length Birth head circumference

Problems during pregnancy / birth / neonatally

APGAR 1 min. 5 min. Gestational age (wks) Mother's Serology

Mother's file numbers: Antenatal: Delivery:

RtHC information given by:

Mother's name:

Father's name:

Who does the child live with?

How many children has the mother had?

Number born Number alive now Date information given: dd mm yy

Reason(s) for death(s):

Visual screening

Pencil test (> 6 weeks)
Result: L: yes no R: yes no Date tested: dd mm yy

Snellen Chart test: conduct with E-chart (> 2 years)
Result: L: / R: / Date tested: dd mm yy

Hearing screening

Does baby appear to listen when someone is talking or singing? (at 3 months)
Result: yes no Date tested: dd mm yy

Does baby turn to a loud noise? (at 6 months)
Result: L: yes no R: yes no Date tested: dd mm yy

Voice test: Hearing impairment (> 12 months)
Result: Normal hearing Moderate impairment Severe impairment Date tested: dd mm yy

IMMUNISATIONS				
	Vaccine	Site	Date given day / month / year	Signature
PRIMARY SCHEDULE	BCG	Right arm	/ /	
	Polio 0	Oral	/ /	
	Polio 1	Oral	/ /	
	DTP 1	Left thigh	/ /	
	Hib 1	Left thigh	/ /	
	Hep B 1	Right thigh	/ /	
	Polio 2	Oral	/ /	
	DTP 2	Left thigh	/ /	
	Hib 2	Left thigh	/ /	
	Hep B 2	Right thigh	/ /	
	Polio 3	Oral	/ /	
	DTP 3	Left thigh	/ /	
BOOSTERS	Hib 3	Left thigh	/ /	
	Hep B 3	Right thigh	/ /	
	Measles 1	Right thigh	/ /	
	Polio 4	Oral	/ /	
	DTP 4	Left arm	/ /	
	Measles 2	Right arm	/ /	
	Polio 5	Oral	/ /	
	DT 1	Left arm	/ /	
	BCG Repeat	Right arm	/ /	
	Other ()		/ /	
	Other ()		/ /	

In need of special care (mark with X)

Was the baby less than 2,5kg at birth? yes no Are any brothers or sisters underweight? yes no

Is the baby a twin? yes no Is the baby bottle fed? yes no

Household TB contact? yes no Does the mother need more family support? yes no

Are there any reasons for taking extra care? yes no (for example: single parent etc.)

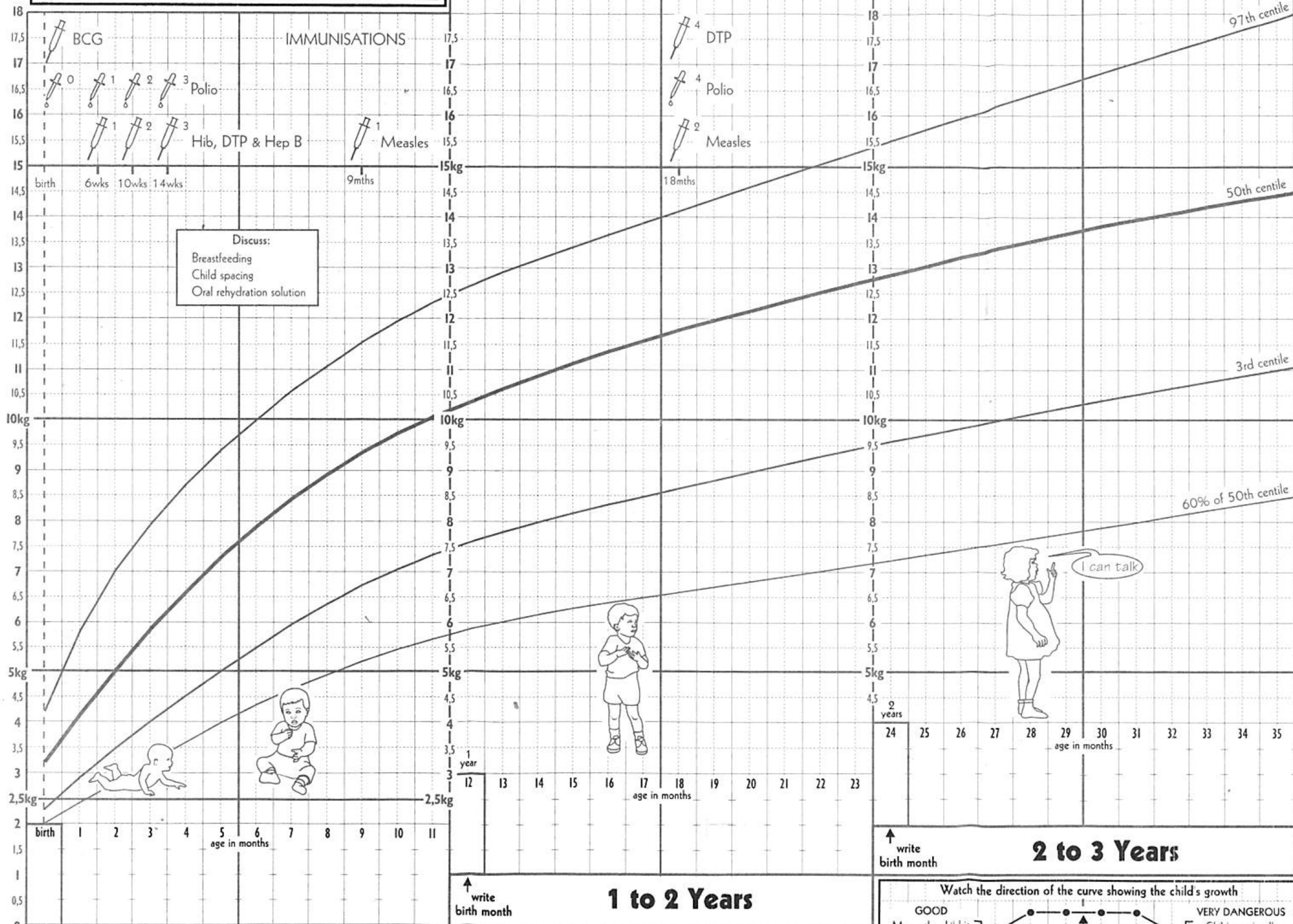
Address of clinic(s) visited

Clinic 1:

Clinic 2:

Child's name: _____

Date for next visit



nr.	day	month	year
1	/	/	/
2	/	/	/
3	/	/	/
4	/	/	/
5	/	/	/
6	/	/	/
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23	/	/	/
24	/	/	/

Write on the chart

- Any illness e.g. diarrhoea, ARI, etc.
- Admission to hospital.
- Solids introduced.
- Breastfeeding stopped.
- Birth of next child, etc.

like this:

Vitamin A given
Admitted to hospital (2-7 September)
Diarrhoea
Extra meals given
Worm medicine

↑ write birth month and year
Birth to 1 Year

↑ write birth month
1 to 2 Years
Growth Monitoring Chart

↑ write birth month
2 to 3 Years

Watch the direction of the curve showing the child's growth

GOOD
Means the child is growing well.

DANGER SIGN
Not gaining weight. Find out why.

VERY DANGEROUS
Child may be ill, needs extra care.