EDUCATION, COUNSELLING AND REFERRAL INFORMATION

IMMUNISATION

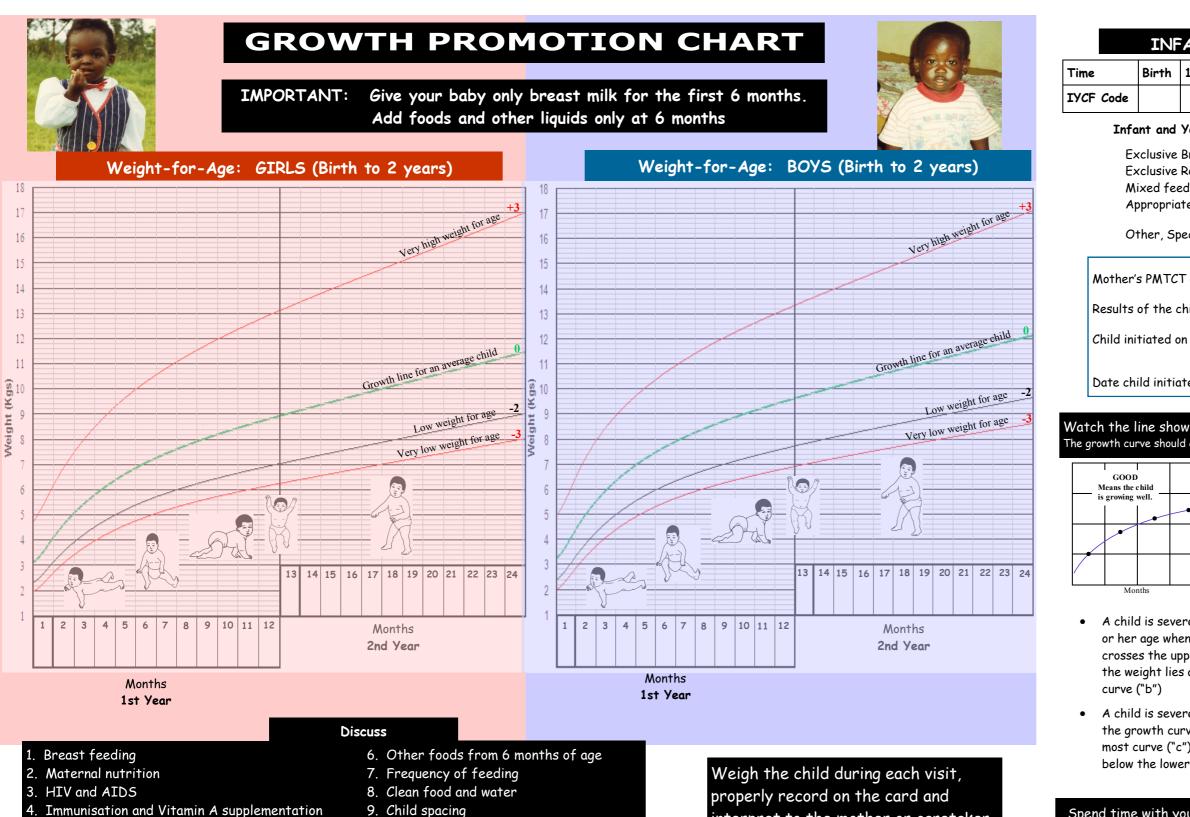
Record special information given on Growth, Nutrition, Immunisation and Illness

Immunisation protects your child against serious diseases. Follow and complete the immunisation schedule below:

]				T	CHILD HE	ΔΙ ΤΗ <i>(</i>	^ARD	
DATE OF VISIT	INFORMATION	DATE OF NEXT VISIT		VACCINE	PROTECTS AGAINST	HOW GIVEN	DATE GIVEN				
		11010	AT BIRTH	BCG	Tuberculosis	Right Upper Arm		District:		Child Registra	tion No:
				Polio 0	Polio	Mouth Drops		Health Unit:			
			4 [Polio 1	Polio	Mouth Drops					
			At 6 Weeks	DPT - HepB+Hib1	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh		Child's Name:		Birth Weight	kg):
				PCV 1	Pneumococcal Pneumonia	Right Upper Thigh		Sex:	Date of Birth:	Birth Order:	
			_	Rota 1 Polio 2	Rota Virus Diarrhoea Polio	Mouth Drops			//		
						Mouth Drops		1. Mother's Name:	2. Father's	Name:	
			At 10 Weeks	DPT - HepB+Hib 2	Diphtheria/Tetanus/Whooping Cough/ Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh			Occupatio		
				PCV 2 Rota 2	Pneumococcal Pneumonia	Right Upper Thigh Mouth Drops		Occupation:	on:		
			┥┝────		Rota Virus Diarrhoea Polio			Where the Child lives:			
				Polio 3		Mouth Drops		Sub County/Division:			
			At 14 Weeks	DPT - HepB+Hib 3	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Haemophilus Influenzae type B	Left Upper Thigh		Parish:			
				PCV 3	Pneumococcal Pneumonia Rota Virus Diarrhoea	Right Upper Thigh					
			┥┝───	Rota 3		Mouth Drops		L.C.1			
			9 Months	Measles	Measles	Left Upper Arm					
			Take	e your child for i	mmunization even if the schedu	uled date is missed	l	ТІ	CK REASONS FOR S	PECIAL CARE:	
				VI	TAMIN A AND DE-WORMIN	NG		Birth weight less than 2.5kg		Brother or sisters undernour	shed
			AGE		VITAMIN A	DEWORM	NNG	Birth defect		Mother dead	
					Date given	Date gi	ven	Other handicaps or illness		Father dead	
			Under 6 month	ns				Fifth child or more		3 or more children in family	dead
			6 months 1 Year					Birth less than 2yrs after last birth	ı	Multiple birth child	
			1 ½ Years					Severe jaundice		Birth asphyxia	
			2 Years								
			2 1/2 Years								
			3 Years	3 Years				ANY OTHER P	EASON FOR SPE	CIAL ATTENTION	
			3 ½ years								
			4 Years								
			4 1/2 Years								
			5 Years								
ļ			Mother:	Date Vitamin A Ca		uld be given within	n two months of				
			/_	/	aiving birth to	this child		Please carry this card every t	ime you bring yo	our child for care or attention	



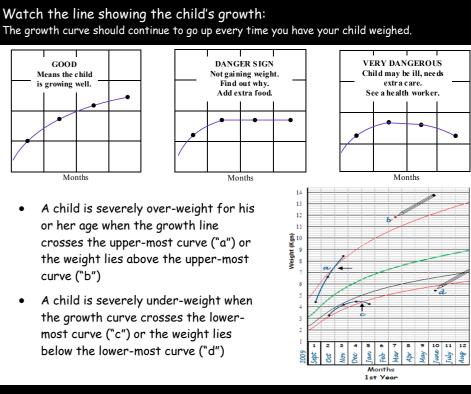
TICK REASONS FOR SPECIAL CARE:						
g			Brother or sisters undernourished			
			Mother dead			
			Father dead		ĺ	
			3 or more children in family dead		ĺ	
st birth			Multiple birth child			
			Birth asphyxia			



- 5. Feeding the baby during illness and after illness
- 10. Sanitation and hygiene

interpret to the mother or caretaker.

INFANT & YOUNG CHILD FEEDING											
	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m	
e											
nfant and Young Child Feeding (IYCF) Codes											
Exclusive Breast Feeding 01											
Exclusive Replacement Feeding 02 Mixed feeding 03											
Appropriate Complementary Feeding								03 04			
Other, Specify								09			
er's PMTCT Code											
ts of the child Reactive () Non-Reactive ()											
initiated on treatment? Yes() No()											
child initiated on treatment//											



Spend time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.