Child Health Card

NOTES

Date _____ Symptoms _____ Treatment

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Ministry of Health
Government of Southern Sudan

CHILD HEALTH CARD

HEALTH FACILITY NAME	
CHILD'S NAME	SEX
CHILD CLINIC NO.	DATE FIRST SEEN
DATE OF BIRTH	BIRTH ORDER
FATHER'S NAME	
MOTHER'S NAME	
DISTRICT	
LOCATION	
SUB-LOCATION/VILLAGE	

SIBLINGS

(BROTHERS & SISTERS)

	NAME	YEAR OF BIRTH	SEX	ALIVE/ DIED
1				
2				
3				
4				
5				
6				
7				
8				

IMMUNISATIONS

PROTECT YOUR CHILD

Sign when fully immunised

TUBERCULOSIS (BCG-VACCINE) at birth	DATE GIVEN	
BCG - SCAR	DATE CHECKED	PRESENT / ABSENT

DIPTHERIA / WHOOPING COUGH / TETANUS (DPT VACCINE)	
DOSE	DATE GIVEN
1st dose at 6 weeks	
2nd dose	
3rd dose	

POLIOMYELITIS (ORAL POLIO VACCINE)	
DOSE	DATE GIVEN
Birth dose (before 6 weeks)	
1st dose after 6 weeks	
2nd dose	
3rd dose	

MEASLES VACCINE	DATE GIVEN
give at 9 months	

ENTER DATE NEXT VISIT

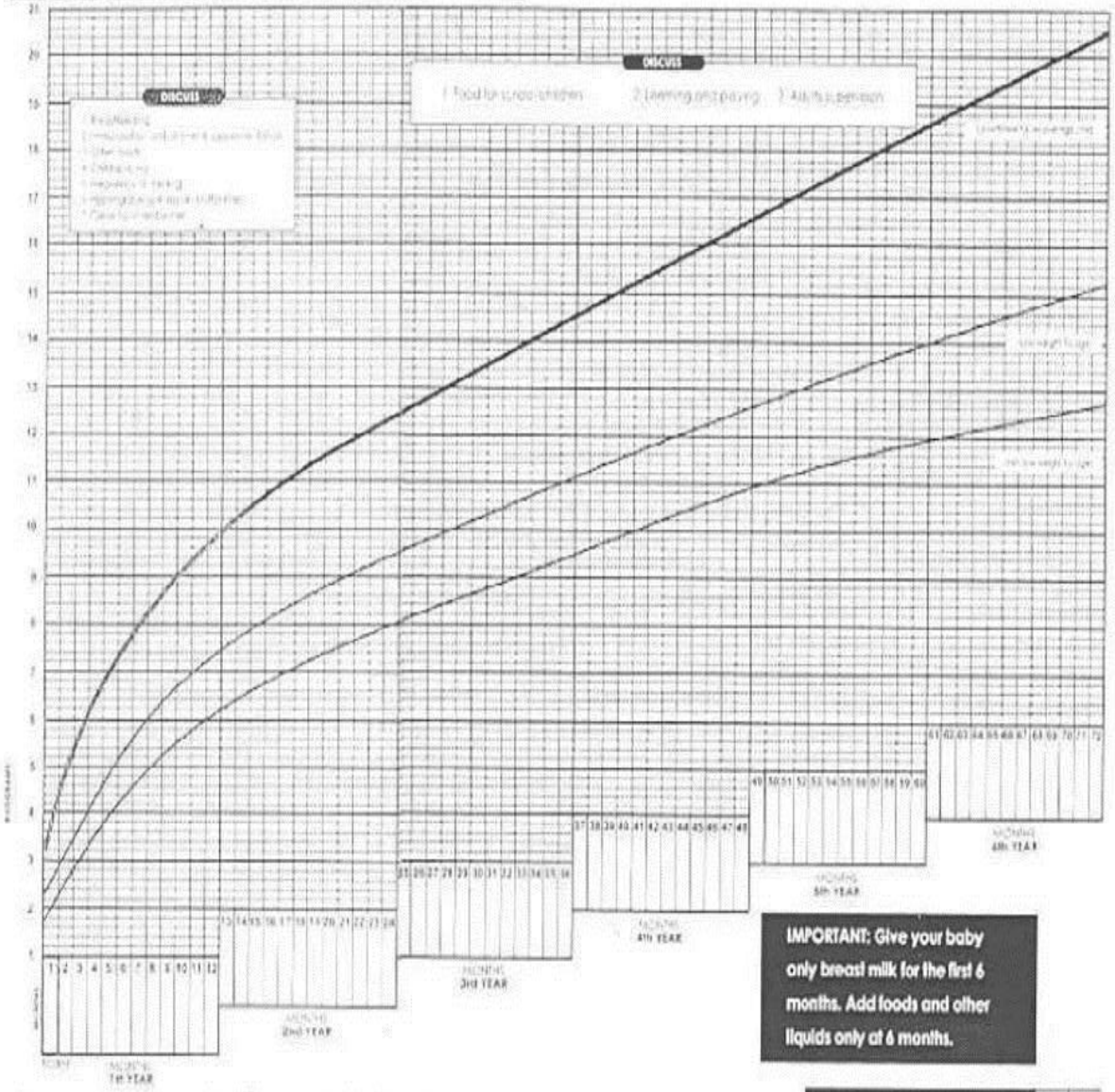
BRING THE CHILD TO CLINIC EVERY MONTH

EVERY CHILD MUST HAVE A BIRTH CERTIFICATE

SHOW THIS CARD ON EVERY VISIT

HAVE YOUR CHILD WEIGHED EVERY MONTH

GROWTH PROMOTION CHART



IMPORTANT: Give your baby only breast milk for the first 6 months. Add foods and other liquids only at 6 months.

Record the date of the weighing and weight of child e.g.

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