	NOTES			NOTES	
Date	Symptoms	Treatment	Date	Symptoms	Treatment
			-		
			-		
			-		

BRING THE CHILD TO CLINIC EVERY MONTH



Ministry of Hallh Government of Southern Sudan CHILD IMMUNISATIONS **HEALTH**

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

SIBLINGS

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

TETNUS (DTP	VACCINE)
DOSE	DATE GIVEN
1st dose after 6 weeks	
2nd dose	

POLIOMYE (ORAL POLIO	
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.	

Q	PROTECT YOUR CHILD
A	Sign when fully immunised

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

DIPTHERIA/WHOOF TETNUS (DTP V		ENTER I
DOSE	DATE GIVEN	
1st dose after 6 weeks		
2nd dose		
3rd dose		

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

HAVE YOUR CHILD WEIGHED EVERY MONTH

