



Abia State
Ministry of Health



HOME HEALTH BOOKLET

WHAT YOU SHOULD DO
FOR THE HEALTH OF YOUR CHILD

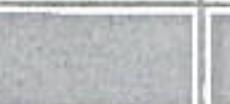
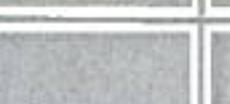
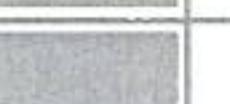


NAME OF MOTHER
NAME OF CHILD
DATE OF BIRTH SEX
HOME ADDRESS
LGA
CLINIC NUMBER

IMMUNIZATION

Write date of immunization



	 At Birth	 6 weeks	 10 weeks	 14 weeks	 9 months
BCG					
POLIO					
DPT					
YELLOW FEVER					
MEASLES					

VITAMIN A FOR 5 YEARS

Write date of receiving drops



DOSE	1	2	3	4	5
DATE					
DOSE	6	7	8	9	10
DATE					