



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					