



MALAWI

HEALTH PASSPORT BOY CHILD HEALTH PROFILE

NAME

DZINA

DATE OF BIRTH
TSIKU LOBADWA

____/____/____
day / month / year

VILLAGE

MUDZI

Please bring this book each time you come to see a Health Worker
Chonde bweretsani kabukuka podzaonana ndi a zaumoyo

Birth Certificate Number

Malangizo kwa mayi kapena oyang’anira mwana

1. M'chiphaso chamoyochi muli mbiri yofunikira ya umoyo wa mwana wanu.
2. Chiphasochi chimaperekedwa mwaulere kwa mwana akangobadwa ndipo chiyenera kugwiritsidwa ntchito moyo wake onse.
 - Mwana wamamuna akhoza kupitiliza kugwiritsa ntchito chiphasochi malinga ngati muli malo oti angalembebo matenda ena.
 - Ngati mwana wapyola zaka zisanu zakubadwa ndipo malo olembapo atha, akhoza kupatsidwa chiphaso cha abambo kuti apitilize.
3. Musaiwale kutenga chiphasochi kulikonse komwe mungapite ndi mwana wanu kukalandira chithandizo.
4. Muchiphasochi, mupezamo makadi awiri owonetsa m'mene mwana wanu akukulira. Muyenera kuphunzira kumasulira kwa kadi iyi kuchokera kwa azaumoyo amene amapangitsa sikelo ya ana.
5. Tsatanetsatane wa katemela ndi zina zonse mungazipeze pa tsamba loyamba. Onetsetsani kuti mwana wanu walandira akatamera onse pasanathe miyezi khumi ndi iwiri.
6. Patsamba lachitatu pakupezeka mbiri yomwe iyenera kulembedwa ndi azaumoyo. Mbiri ya banja iyenera kutengedwa pamene chiphasochi chaperekedwa, ndipo magawo ena azilembedwa akabwera kudzalandira chithandizo nthawi ina.
7. Chonde sungani chiphasochi mu pepala la pulasitiki kuti chisaonongeke.

Reminder to the mother / guardian

1. This passport contains valuable information for the life of your child.
2. This passport is issued at birth free of charge and should be used throughout the life. However,
 - A male child should continue using this passport provided that there is space for recording new consultations.
 - When a child is older than 5 years and space in the passport is used up, then a general passport has to be annexed for continuation.
3. Don't forget to carry this passport wherever you take your child for any consultations or any services.
4. In this passport, there are two growth-monitoring charts for assessing how your child is growing. You should learn to interpret it from your service provider.
5. Page 1 contains information on immunisation and other services. Make sure that all vaccines are given within 12 months of age.
6. Page 6 contains information on general history to be updated by the service providers. The family history has to be taken at the time of issue of this card, and other sections have to be updated in each subsequent visit.
7. Keep this passport in a plastic packet to prevent it from getting worn-out.

Date	Diagnosis/ LAB/ Treatment/ Notes

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IMMUNISATION RECORD

MASIKU OMWE MWANA WALANDIRA KATEMERA

BCG (at birth) Date given / / Scar seen Yes No

If no scar seen after 12 weeks, repeat dose Date repeat dose given / /

DPT - HepB-Hib 1 (at 6 weeks or later) Date given / /
DPT - HepB-Hib 2 (1 month after 1st dose) Date given / /
DPT - HepB-Hib 3 (1 month after 2nd dose) Date given / /

PCV 1 (at 6 weeks or later) Date given / /
PCV 2 (1 month after 1st dose) Date given / /
PCV 3 (1 month after 2nd dose) Date given / /

Polio 0 (birth up to 2 weeks) Date given / /
Polio 1 (at 6 weeks or later) Date given / /
Polio 2 (1 month after 1st dose) Date given / /
Polio 3 (1 month after 2nd dose) Date given / /

ROTA 1 (at 6 weeks or later) Date given / /
ROTA 2 (1 month after the 1st dose) Date given / /

Measles (after 9 months) Date given / /

Check mother's HIV status. If HIV positive, have child tested for HIV

VITAMIN A SUPPLEMENTATION

Give **VITAMIN A** every 6 months from 6 months of age until 5 years.
 Dosage: 100, 000 IU below 12 months and 200,000 IU from 12 months.

Age range (months)	Date given	Age range (months)	Date given
6 – 11		36 – 41	
12 - 17		42 – 47	
18 - 23		48 - 53	
24 - 29		54 - 59	
30 - 35			

DE-WORMING SCHEDULE

Give de-worming tablets every 6 months from 12 months of age.
 Dosage:
Albendazole, ½ tablet for children aged 12-23 months.
Albendazole, 1 tablet for children aged 24-59 months OR
Mebendazole, 1 tablet for children aged 12-59 months

Age range	Date given	Age range	Date given
12 - 17		36 - 41	
18 - 23		42 – 47	
24 - 29		48 - 53	
30 - 35		54 - 59	

LLIN for Malaria Date given / /

Date	Diagnosis/ LAB/ Treatment/ Notes

Date	Diagnosis/ LAB/ Treatment/ Notes

Reason for special care (Tick where applicable)

Birth weight less than 2500g Orphan

Birth less than 2 years since last birth Fifth child or more

2 or more children in family have died Twin

HIV Exposure

Other (Specify).....

Presence of any of the above, the child needs special care

Initial New born Record

1. Place of birth Home Facility

2. Birth weight (g).....

3. Length (cm).....

4. Head circumference.....

5. Eyes Normal Abnormal Specify.....

6. Mouth Normal Abnormal Specify.....

7. Umbilicus Normal Abnormal Specify.....

8. Fingers Normal Abnormal Specify.....

9. Toes Normal Abnormal Specify.....

10. Feet Normal Abnormal Specify.....

11. Spine Normal Abnormal Specify.....

12. Genitalia Normal Abnormal Specify.....

13. Rectum Normal Abnormal Specify.....

14. Suckling reflex Normal Abnormal Specify.....

Assessment of danger signs at one week postnatal check

Fever Yes No

Fast breathing Yes No

Bulging fontanelle Yes No

Umbilicus discharging Yes No

Cyanosis Yes No

Jaundice Yes No

Eye discharging Yes No

No Suckling Yes No

Family Medical History (diseases among relatives)
(Tick where appropriate)

Condition	Yes	No	Condition	Yes	No
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>
Mental	<input type="checkbox"/>	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	<input type="checkbox"/>
Neoplasm	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell	<input type="checkbox"/>	<input type="checkbox"/>

Other specify _____

Medical History

Condition	Yes	No	Condition	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Mental	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Sickle cell	<input type="checkbox"/>	<input type="checkbox"/>
Hysteria	<input type="checkbox"/>	<input type="checkbox"/>	STI	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	TB	<input type="checkbox"/>	<input type="checkbox"/>

Other specify _____

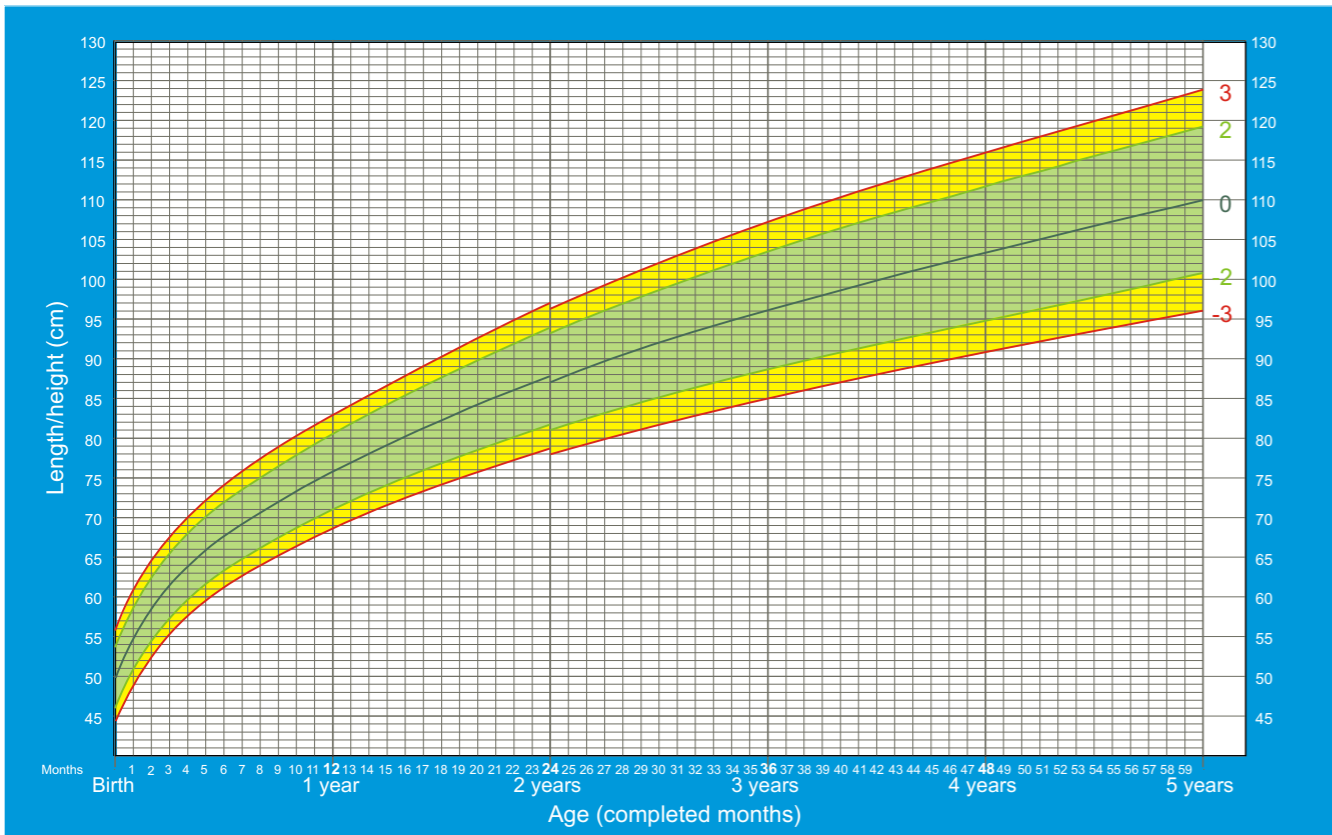
Past Surgical History

Diagnosis..... Date ____/____/____

Diagnosis..... Date ____/____/____

Length/height-for-age BOYS

Birth to 5 years (z-scores)



Weight-for-age BOYS

Birth to 5 years (z-scores)

