

REPUBLIC OF MAURITIUS
MINISTRY OF HEALTH AND
QUALITY OF LIFE
HEALTH CARD
BOY

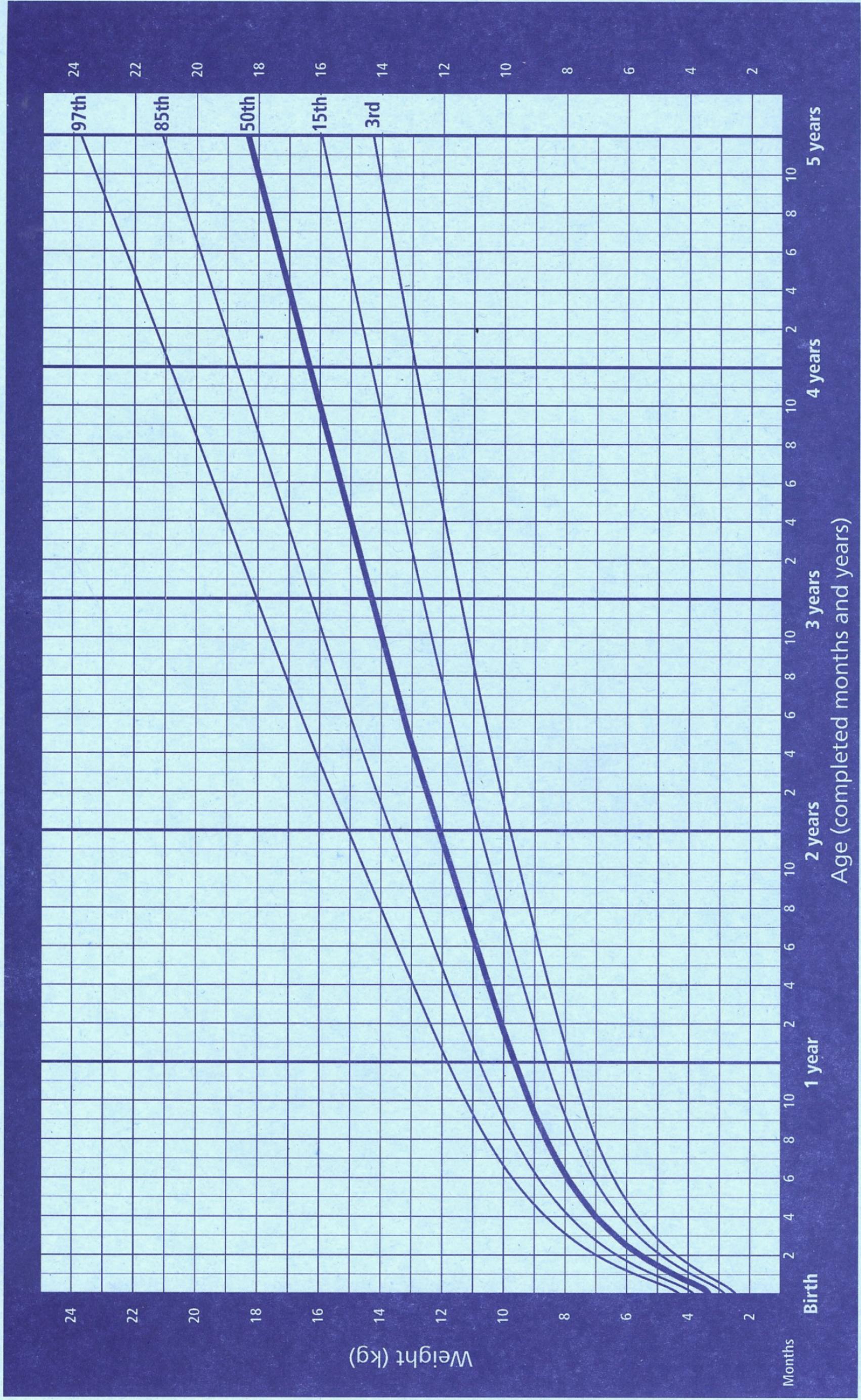
Clinic	Child's No.
Child's Surname	
First Name	
DATE OF BIRTH day month year	BIRTH WEIGHT
MOTHER'S NAME	Occupation
CARER IF NOT THE MOTHER	
Father's Name	Occupation
Address	
Date and place of issue	
How many children has the mother had?	
Number alive	Number dead

HISTORY OF ALLERGIES	
Eczema	
Asthma	
Penicillin Sensitivity	
Other Allergy	

Milestones	Age	Achieved
Head Holding	3/12	
Sitting	7/12	
Crawling	10/12	
Walking	15/12	

Weight-for-age BOYS

Birth to 5 years (percentiles)



Length/height-for-age BOYS

Birth to 5 years (percentiles)

