Ministry of Health and Social Welfare

	VITAMIN A SUPPLEMTION DOSE: 100,000 UNITS 6-11 MONTHS 200,000 UNITS PAST PARTUM WOMEN (TO BE GIVEN EVERY 6 MONTHS)				
OF VISIT	DOSE	DATE OF VISIT	DOSE		

DATE TO RETURN TO CLINIC

	PRRGNANT		NONE PREGNANT		
Dose	Date Given	Clinic	Dose	Date Given	Clinic
TT1			TT1		
TT2			TT2		
ТТ3			TT3		
TT4			TT4		
TT5			TT5		

S/N	DATE TO RETURN TO CLINIC
1	
2	
3	
4	
5	

THE BEST HOME M FOR RUNNING STO		
Mix together •a COKE BOTTLE	•3 FINGERS PINCH OF	
of CLEAN WATER and	SALT and	
	the JUICE of an	
	ORANGE or half a GRAPEFRUIT	
mix it up in a CUP, then give it from the CUP or with a SPOON		
ANTI-TUBERCULOS VACCINAT Date of BCG Vaccination	ION Give at birth	
POLIO VACCINE Start at t		
Date of first dose (0) (OPV)	Date for next injections/Vacc.	
Date of second (1) (OPV)		
Date of third dose (2) (OPV) Date of fourth dose (3) (OPV)		
PENTA VALENT	Start at 6 weeks	
Date of first vaccination	Date for next injections/Vacc.	
Date of first vaccination Date of second injection		
Date of third injection		
	Date for next injections/Vacc.	
Give at 9 Months to 11 months		
YELLOW FEVER VACCINE DATE: Give at 9 Months to less then 12 Months		

Republic of Liberia ROAD TO HEALTH CARD

CHILD'S No.		
CHILD'S Name		MorF
FATHER'S Name		
MOTHER'S Name		
ADDRESS		
CLINIC ISSUING CARD DATE FIRST SEEN		SEEN

BIRT	H CARTIFICATION	
PLACE OF BIRTH		WEIGHT
DATE OF BIRTH	TIME	
BIRTH ATTENDED I	ЗҮ	
BIRTH RECORDED	BY	

	BROTHERS AND SISTERS		
No.	Age	Sex	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

