

CLINIC NOTES



CHILD HEALTH CARD



MINISTRY OF HEALTH
KENYA EXPANDED PROGRAMME ON IMMUNIZATION (KEPI)

HEALTH FACILITY NAME:	
SERVICE DELIVERY POINT (SDP) No:	
CHILD'S NAME:	
SEX: MALE	FEMALE
CHILD'S CLINIC No:	DATE FIRST SEEN:
DATE OF BIRTH:	
PLACE OF BIRTH: HOME	HEALTH FACILITY
FATHER'S NAME:	
MOTHER'S NAME:	
PROVINCE:	
DISTRICT:	
DIVISION:	
LOCATION:	
ESTATE/VILLAGE:	
P.O Box:	Town:
Telephone:	

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

DATE OF AEFI:

DESCRIBE:

ANTIGEN/VACCINE: _____

BATCH NUMBER: _____

MANUFACTURE DATE: _____

EXPIRY DATE: _____

MANUFACTURER'S NAME: _____

IF YOUR CHILD DEVELOPS ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) PLEASE REPORT IMMEDIATELY TO THE NEAREST HEALTH FACILITY

Onyesha kadi hii kila mara uendapo kliniki ya watoto

SHOW THIS CARD ON EVERY VISIT

Mpeleke mtoto wako kwa kiliniki kila mwezi

Kila mtoto lazima awe na cheti cha kuzaliwa

BRING THE CHILD TO THE CLINIC EVERY MONTH

EVERY CHILD MUST HAVE A BIRTH CERTIFICATE

IMMUNIZATIONS

PROTECT YOUR CHILD

Sign when child fully immunized (FIC)	Age in Months	Date	Sign

BCG VACCINE: at birth			
(Intra-dermal left fore -arm)		Date Given	Date of next visit
Dose: (0.05mls for child below 1year)			
Dose: (0.1mls for child above 1year)			
BCG- Scar Checked	DATE CHECKED	PRESENT	
		ABSENT	
	DATE REDONE		

DIPHTHERIA/PERTUSSIS/ TETANUS/ HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b			
Dose: (0.5mls) Intra Muscular outer thigh		Date Given	Date of next visit
1 st dose at 6 weeks	DPT/HepB + Hib1		
2 nd dose at 10 weeks	DPT/HepB + Hib2		
3 rd dose at 14 weeks	DPT/HepB + Hib3		

ORAL POLIO VACCINE (OPV)			
Dose: 2 drops orally		Date Given	Date of next visit
Birth Dose: at birth or within 2 wks (OPV 0)			
1st Dose at 6 weeks	(OPV 1)		
2nd Dose at 10 weeks	(OPV 2)		
3rd Dose at 14 weeks	(OPV 3)		

MEASLES VACCINE at 9 Months		Date Given
Dose. (0.5 mls) Subcutaneously right upper arm		

YELLOW FEVER VACCINE at 9 Months		Date Given
Dose. (0.5 mls) Intra- Muscular left: upper deltoid		

VITAMIN A CAPSULE: Given orally		
At first contact at/or after 6 months of age		
Dose	Age	Tick age given
100,000 IU	at 6 months	
200,000 IU	at 12 months (1 Year)	
200,000 IU	at 18 months (1 ½ Years)	
200,000 IU	at 24 months (2 Years)	
200,000 IU	at 30 months (2 ½ Years)	
200,000 IU	at 36 months (3 Years)	
200,000 IU	at 42 months (3 ½ Years)	
200,000 IU	at 48 months (4 Years)	
200,000 IU	at 54 months (4 ½ Years)	
200,000 IU	at 60 months (5 Years)	

NAME OF CHILD: _____

BIRTH WEIGHT: _____

Kg 22

21

20

Kg 20

19

Kg 18

17

Kg

16

15

14

13

12

11

10

9

8

7

6

5

4

3

2

18

17

16

15

14

13

12

11

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49 50 51 52 53 54 55 56 57 58 59 60

4 - 5 years

3 - 4 years

2 - 3 years

1 - 2 years

Birth - 1 year

KILOGRAMS

IN THE HEAVILY MARKED BOXES

Watch the direction of the line showing the child's health

GOOD
Means the child is growing well

DANGER
Find out why? and advise

VERY DANGEROUS
May be ill needs extra care

REASONS FOR SPECIAL CARE

Birthweight less than 2.5kg Birth less than 2 years after last birth Fifth child or more Single parent

Brothers or sisters undernourished Twins Four or more children in family died

RECORD ON THE CHART

- Diarrhoea
- Measles
- Solids introduced
- Breastfeeding stopped
- Birth of next child



Upper Line: WHO 50th centile boys
Lower Line: WHO 3rd centile girls