



GOVERNMENT OF JAMAICA

Child Health & Development **PASSPORT** Jamaica



Developed by
The Early Childhood Commission
Ministry of Health
Ministry of Education

Sequence No.

NAME: _____

HEALTH CENTRE: _____

This Passport cannot be used for travel overseas.

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My Child Grows



Place a close up
photo of your
child's face
here

1st Week of Life



Place a close up
photo of your
child's face
here

6 weeks



Place a close up
photo of your
child's face
here

6 months



Place a close up
photo of your
child's face
here

1 year



Place a close up
photo of your
child's face
here

3 years



Place a close up
photo of your
child's face
here

6 years

TRN:

Passport Number:

Signature _____

This Passport should be carefully kept and brought to the Clinic or Hospital on each visit.

Sequence No.

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Introduction

For Parents

The Child Health and Development Passport (CHDP) is the take home record of your child's health, growth and development from birth to 17 years. The CHDP is also important for entry into infant and nursery schools, primary schools, secondary schools and college/university. Therefore, it is important that you keep this Passport safe and in good condition.

Although the Passport is to be kept at home, you should take it with you whenever you visit or have contact with:

- The child health clinic
- Your family doctor
- The Dental Practitioner
- A new school
- Community Health Aide
- Your midwife or Public Health Nurse
- A hospital emergency or outpatients' department
- Any other health appointments
- Health specialists (e.g. psychologist, eye doctor, speech therapist)

You will see the following symbols throughout the passport. These symbols show:



That YOU should fill in the information in these sections (You should ask for help if you have trouble filling in these sections).



That ONLY the doctor, nurse or health worker should fill in these sections.



That only your child's school or other educational professionals should fill in these sections.



Guide to Parents for raising healthy, happy children.

It is important that every Jamaican child has a CHDP and that it is updated regularly. If your child's CHDP is lost or stolen, contact the Ministry of Health (MOH) for information on getting another Passport.

Ministry of Health

2-4 King Street, Kingston, Jamaica

Telephone: 876-967-1100 Fax: 876-922-1269

Email: webmaster@mohe.gov.jm



How We Handle Information

We want to make sure that your child has the opportunity to have his/her immunizations and health checks when they are due.

We also want to be able to plan and provide any other services your child needs. Therefore we enter some of your child's details from this record into our information management system.

We treat this information as strictly confidential and only release it to:

- Parents
- The health care professionals who work with your family.
- The educational professionals who work with your family.

This information may be used anonymously so that we can plan services for all children in Jamaica.

We will not normally release any information that could be linked to your child to any other person or organization without seeking your permission first. However, it is sometimes necessary to use this information for audit purposes and public health reasons, such as monitoring the effectiveness and safety of vaccines.

The Health Supervision Programme For Your Child

Below is the Ministry of Health's recommendation for the frequency of your child's health visits. You should make sure that you take your child to the clinic/doctor when a visit is due.

During the Newborn Period

Your child should be examined at birth and then soon after birth, usually within the first 2 weeks of life.

Infancy

First Year – Your child should visit the clinic/doctor at about 6 – 8 weeks, 3 months, 5 – 6 months, 9 months and then at 12 months.

Second Year – Your child should visit the clinic/doctor at 18 months and 24 months.

2 to 5 years

During the preschool period your child should have health checks at 3, 4 and 5 years.

6 to 17 years

There should be yearly health check-ups between the ages of 6 and 17 years.

What to Expect at Health Visits:

- A review of your child's medical history since the last visit, including discussions about his/her physical and emotional states and school performance.
- Appropriate screening tests for growth and development, vision, hearing, anaemia, blood pressure and certain inherited disorders.
- A complete physical examination with a record and discussion of any variations from normal.
- Immunizations during infancy against Tuberculosis, Poliomyelitis, Diphtheria, Pertussis (Whooping Cough), Tetanus, Hepatitis B, Meningitis and Pneumonia. Later boosters and other immunizations as advised by your clinic/doctor.
- Appropriate discussions and counselling concerning your child's care and nutrition with recommendations for dealing with any special health issues.
- Anticipatory guidance regarding growth, development, nutrition, safety in the home, discipline, parental issues, accident prevention, violence prevention, school readiness, learning difficulties and the child in his/her family and community.



Child & Family Details

Child's name: _____

Child's Sex: Male Female

Child's National ID Number: _____

Child's Primary Address: _____

Emergency Contact:

Name	Pet Name/Alias	Relationship to child	Address
1.			
2.			

Health Clinic & Doctor Contacts:

Health Clinic Name	Address	Telephone
1.		
2.		
GP or Paediatrician's Name	Address	Telephone
1.		
2.		
Dentist's Name	Address	Telephone

Sequence # _____

Child's Pet Name/Alias: _____ Child's Date of Birth: / /
D / M / Y

Mother's Name: _____

Name of Parent/Guardian at this address: _____
 (If there is a change in Primary Care Giver, place additional names on page 81 in the table.)

Relationship with child: _____

Landmark Near to Home	Telephone Contact		
	Cell	Home	Work

Parenting Tips

Storing & Disposing of Poisons

- Many poisons are found in our homes such as cleaning supplies, rat poisons and batteries.
- Keep cleaning supplies (e.g. bleach, detergent) out of children's reach.
- Do not keep chemicals and pesticide exposed in your house or yard. Also keep these out of children's reach.
- Label everything that may contain poisons.
- DO NOT keep kerosene oil or bleach in milk boxes, juice boxes or soda bottles. A child may drink them.



Emergency Health Information & Contacts

Significant Health or Developmental Problems/Diagnoses	Date
1.	
2.	
3.	
4.	
5.	

Specialist Clinics	Address	Contact Numbers
1.		
2.		
3.		
4.		
5.		

Special Needs (social, physical, educational, emotional)	Date
1.	
2.	
3.	
4.	
5.	

Serious Allergies and Reactions to Drugs or Vaccines	Date
1.	
2.	
3.	
4.	
5.	



Family History

Illness/Disease	Family Member
Allergies	
Anaemia	
Asthma	
Diabetes	
Behavioural or Emotional Disorders	
Early Heart Disease	
Hearing Disorders	
Learning Difficulties	
Obesity	
Sickle Cell Anaemia	
Seizures	
Tuberculosis	
Visual Disorders	
Hypertension	
Bleeding Disorder	



Birth Details

Pregnancy

Length of Pregnancy in weeks: _____

Type of delivery: Spontaneous Vaginal Delivery Vacuum

Any problems during Pregnancy or Birth? Yes No
(Including emotional states/problems)

Birth

Place of Birth (hospital name and location): _____

Birth Certificate Number: _____ Birth Weight: _____

APGAR Scores: 1 minute _____ 5 minutes _____

Condition of Child at Birth: Normal Resuscitation

NICU/SCU/SCN No Yes (For how many days? _____)

Reasons for admission to NICU _____

Discharge Diagnosis _____

Any Specialist Referrals? _____

Blood Type: _____ Type of Feeding: Breast Other

Screening at Birth: Hearing Genetic Sickle Cell

Results: _____

- Family Support Level:**
1. Needs no additional support
 2. Needs additional support at the Community Level
 3. Needs additional support provided by Specialist Services

Sequence # _____

Forceps

Caesarean Section

If yes, state _____

Date of Birth: _____ Time of Birth: _____

Length at Birth: _____ Head Circumference: _____

Single or multiple birth? _____ If multiple, birth order: _____

Please state _____

Other Please state _____



Screening, Development & Routine Health Check Up (6-8 Weeks)

Below are some important questions that we would like you to answer before your child's 6 – 8 week check up. If you have any concerns about your health or your child's growth or development you should talk to a nurse, doctor or community health aide. If you have trouble answering the questions, ask someone to help you.

Parent/Caregiver Health

Please tick Yes, No **OR** N/A

1. Are you feeling well? Yes No
2. Is your partner feeling well? Yes No N/A
3. Are there any problems in the home that may be affecting the child? Yes No



Safety Tips for Babies (Birth to 12 Months)

- Use a car seat, even for short trips. If the car jerks suddenly you will not be able to hold on to the baby.
- Always put your baby to sleep on his or her back or side and make sure the baby's mattress is not too soft as this may cause Sudden Infant Death Syndrome (SIDS).
- Never leave rattles or toys in a baby's crib or cot. They can cause choking if they get into the baby's mouth.
- Make sure Cribs, Mattresses and Bumpers are secured tightly as they can cause injury or suffocation
- If you have to go for something while changing or bathing your baby, take your baby with you.
- **DO NOT LEAVE THE BABY ALONE ON A CHANGING BED OR IN A BATH.**

Sequence #

Child Health & Development

Please tick Yes **OR** No

1. Do you think your baby can hear you?
Yes No
2. Does your baby startle to loud noises?
Yes No
3. Does your baby use both hands well?
Yes No
4. Do you think your baby sees well?
Yes No
5. Does your baby follow your face with his/her eyes?
Yes No
6. Does your baby smile when you play with him/her?
Yes No
7. Has your baby had any medical problems in the past few weeks?
Yes No
8. Does anything about your baby worry you?
Yes No

If yes, please list:



Routine Health & Development Check Up (6-8 Weeks)

Your child should go to the clinic/doctor for a health check up at 6 – 8 weeks. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____

Seen by: _____

Nutritional Information

Breast Milk: YES NO

Formula: YES NO

If YES, which: _____

Other food/drink: _____

➔ At this visit you & the health professional should talk about:

• Nutrition

- o Breastfeeding
- o Expressing & storing breast milk
- o Formula Preparation

• Safety

- o Car Seats
- o Sleeping Arrangements

• Baby & Family

- o Stimulating your baby (e.g through sights & sounds)
- o How the family is adjusting to the new baby

• General

- o Bathing your baby

Sequence # _____

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Routine Health & Development Check Up(3 Months)

Your child should go to the clinic/doctor for a health check up at 3 months. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____
 Address: _____ Tel No: _____
 Date of Visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO
 Formula: YES NO If YES, which: _____
 Other food/drink: _____

➔ At this visit you & the health professional should talk about:

- **Safety**
 - o Age appropriate toys
- **Baby & Family**
 - o Comforting your baby
 - o Developing your baby's language skills
- **General**
 - o Bedtime routine

Sequence # _____

Family Support Level:

1. Needs no additional support
 2. Needs additional support at the Community Level
- Recommendations _____
3. Needs additional support provided by Specialist Services
- Recommendations _____

Health & Development Check up Summary

Are there any concerns since previous visits? _____

Are there any concerns from the current visit?

Physical	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes	Observation <input type="checkbox"/>	Further Investigation <input type="checkbox"/>	Specialist Referral <input type="checkbox"/> _____
Developmental	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes	Observation <input type="checkbox"/>	Further Investigation <input type="checkbox"/>	Specialist Referral <input type="checkbox"/> _____
Behavioural	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes	Observation <input type="checkbox"/>	Further Investigation <input type="checkbox"/>	Specialist Referral <input type="checkbox"/> _____
Hearing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes	Observation <input type="checkbox"/>	Further Investigation <input type="checkbox"/>	Specialist Referral <input type="checkbox"/> _____
Vision	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes	Observation <input type="checkbox"/>	Further Investigation <input type="checkbox"/>	Specialist Referral <input type="checkbox"/> _____



Routine Health & Development Check Up (6 Months)

Your child should go to the clinic/doctor for a health check up at 6 months. This is a routine review to make sure that your child is growing and developing in the way that they should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks does the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- Nutrition**

- Introducing other foods
- Oral Hygiene

- Safety**

- Making the home safe for your baby

- Baby & Family**

- Playing with your baby
- Taking time for you

Sequence # _____

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since previous visits? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Screening, Development & Routine Health Check Up (9 Months)

Below are some important questions that we would like you to answer before your child's 9-month check up. If you have any concerns about your health or your child's growth or development you should talk to a nurse, doctor or community health aide. If you have trouble answering the questions, ask someone to help you.

Parent/Caregiver Health

Please tick Yes, No OR N/A

1. Are you feeling well? Yes No
2. Is your partner feeling well? Yes No N/A
3. Are there any problems in the home that may be affecting the child? Yes No

➔ Preventing Illness

- Boil water if not obtained directly from a pipe or if you are not sure of the quality
- Always dispose of garbage properly.
- Always wash your hands before preparing meals.
- Wash your hands after changing babies' diapers.
- Give your children nourishing meals with fruits and vegetables

Sequence #

Child Health & Development

Please tick Yes OR No

1. Do you think your child has problems using his/her arms or legs? Yes No
2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) Yes No
3. Do you think your child has problems seeing? Yes No
4. Do you think your child has problems hearing? Yes No
5. When you talk with your child does he/she respond to you? Yes No
6. Do you think your child has problems making speech sounds? Yes No
7. Are you concerned about any aspect of your child's behaviour? Yes No
8. Are you concerned about how your child gets along with other people? Yes No
9. Are you concerned about any aspect of your child's learning, development and behaviour? Yes No

If Yes, please state: _____



Routine Health & Development Check Up (9 Months)

Your child should go to the clinic/doctor for a health check up at 9 months. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- **Nutrition** - Increasing solid foods & encouraging your baby to feed himself/herself
- **Safety** - Potential hazards in the home
- **Baby & Family** - Activities for building physical, social, emotional, language and intellectual skills
- **General** - Sleeping patterns & bowel habits

Sequence #

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since previous visits? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Routine Health & Development Check Up (12 Months)

Your child should go to the clinic/doctor for a health check up at 12 months. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- **Nutrition**
 - o Preparing nutritionally balanced meals
- **Baby & Family**
 - o Setting limits & rules
 - o Your parenting style
- **General**
 - o Visiting the Dentist

Sequence # _____

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since previous visits? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Screening, Development & Routine Health Check Ups (18 Months)

Below are some important questions that we would like you to answer before your child's 18-month check up. If you have any concerns about your health or your child's growth or development you should talk to a nurse, doctor or community health aide. If you have trouble answering the questions, ask someone to help you.

Parent/Caregiver Health

Please tick Yes, No OR N/A

1. Are you feeling well? Yes No
2. Is your partner feeling well? Yes No N/A
3. Are there any problems in the home that may be affecting the child? Yes No

Child Health & Development

Please tick Yes OR No

1. Do you think your child has problems using his/her arms or legs? Yes No
2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) Yes No
3. Do you think your child has problems seeing? Yes No
4. Do you think your child has problems hearing? Yes No
5. When you talk with your child does he/she respond to you? Yes No
6. Do you think your child has problems making speech sounds? Yes No
7. Are you concerned about any aspect your child's behaviour? Yes No
8. Are you concerned about how your child gets along with other people? Yes No
9. Are you concerned about any aspect of your child's learning, development and behaviour? Yes No

If Yes, please state: _____

Sequence #

18 Month Screen

Please try and answer every question. If the behaviour is rare (e.g., you have seen it once or twice), please answer as if the child does not do it.

1. Does your child take an interest in other children? Yes No
2. Does your child ever use his/her index finger to point, to indicate interest in something? Yes No
3. Does your child imitate you? (e.g., if you make a face, will your child imitate it?)
Yes No
4. Does your child respond to his/her name when you call? Yes No
5. If you point at a toy across the room, does your child look at it? Yes No



Safety in the home

- Children should not be in the kitchen, they can get badly burned.
- Use the back burners when cooking.
- Turn pot handles to the back.
- Cover electrical outlets with safety plugs or push a large piece of furniture in front of each outlet.
- Never leave child at home without a proper caregiver
- **NEVER LEAVE CHILDREN ALONE AT HOME.**



Routine Health & Development Check Up (18 Months)

Your child should go to the clinic/doctor for a health check up at 18 months. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- Nutrition - Coping with a fussy eater & tips for preventing choking
- Safety - Safety tips as your toddler becomes more independent
- Toddler & Family - Building your toddler's confidence
- General - Starting toilet training

Sequence # _____

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Routine Health & Development Check Ups (24 Months)

Your child should go to the clinic/doctor for a health check up at 24 months. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____ Seen by: _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- **Nutrition** - Promoting healthy eating habits
- **Safety** - Ensuring immunizations are up-to-date
- **Toddler & Family** - The "terrible" 2's
- **General** - Starting preschool/day care

Sequence #

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Screening, Development & Routine Health Check Up (3 Years)

Sequence #

Below are some important questions that we would like you to answer before your child's check up at 3 years. If you have any concerns about your health or your child's growth or development you should talk to a nurse, doctor or community health aide. If you have trouble answering the questions, ask someone to help you.

Parent/Caregiver Health

Please tick Yes, No OR N/A

1. Are you feeling well? Yes No
2. Is your partner feeling well? Yes No N/A
3. Are there any problems in the home that may be affecting the child? Yes No

Parents Remember: Collect the School Medical Forms from the school when registering for Basic or Primary/Prep school.

➔ Make Reading fun for your child

- Read with your child as early as possible.
- When reading with your child place your finger under each word as you say it.
- Teach your child a word that may be repeated throughout the book.
- Ask your child questions about the story you are reading.
- Ask your child to draw a picture about the story.

Child Health & Development

Please tick Yes OR No

1. Do you think your child has problems sitting, standing, walking or moving around? Yes No
2. Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) Yes No
3. Do you think your child has problems seeing? Yes No
4. Do you think your child has problems hearing? Yes No
5. When you tell your child to do something does he/she understand what you say? Yes No
6. Do you think your child has problems speaking? Yes No
7. Are you concerned about any aspect of your child's behaviour? Yes No
8. Are you concerned about how your child gets along with other people? Yes No
9. Do you think your child has problems doing things for himself/herself? Yes No
10. Do you think your child has problems at school? Yes No
11. Are you concerned about any aspect of your child's learning, development and behaviour? Yes No

If Yes, please state: _____



Routine Health & Development Check Up (3 Years)

Sequence # _____

Your child should go to the clinic/doctor for a health check up at 3 years. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____ Seen by _____

Nutritional Information

Breast milk: YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks does the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- **Nutrition** - Family mealtime
- **Safety** - Safety at play
- **Preschooler & Family** - Sibling rivalry & discipline
- **General** - Taking care of your child's teeth & gums

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Health - Education Interface 2-5 years

Sequence # _____

Medical Assessment

This child:

- is healthy and has no known medical problems
- has a medical problem which is being investigated
- has a medical problem which has been diagnosed and is being managed
- Other _____

Sensory Assessment

This child:

- has no known sensory problem
- has a sensory problem which is being investigated
- has a sensory problem which has been diagnosed and is being managed
- Other _____

Developmental Assessment

This child:

- is developing normally
- has a developmental problem which is being investigated
- has a developmental problem which has been diagnosed and is being managed
- Other _____

Behavioural Assessment

This child:

- has no known behavioural problems
- has a behavioural problem which is being investigated
- has a behaviour problem which has been diagnosed and is being managed
- Other _____

Nutrition Assessment

Weight for Height/BMI

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Above 3 | <input type="checkbox"/> Above 2 to 3 | <input type="checkbox"/> Above 1 to 2 |
| <input type="checkbox"/> Below -1 to 0 | <input type="checkbox"/> Below -2 to -3 | <input type="checkbox"/> Below -3 |

Does this child have any feeding problems? Yes No

State: _____

Special Assistance

This child will not require any special assistance

This child will require the following special aids for school:

Vision _____

Hearing _____

Physical _____

Other _____

Medication

This child requires daily medication: Yes No

Medication	Dose	Frequency	Special Instructions

Clinic/Doctor Information

Name of Clinic _____

Name of Doctor/Nurse _____

Signature _____

Address of Clinic _____

Contact Number _____

Please contact the clinic/doctor's office for further information if necessary



Routine Health & Development Check Up (4 Years)

Sequence # _____

Your child should go to the clinic/doctor for a health check up at 4 years. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____ Seen by: _____

Nutritional Information

Breast milk YES NO

What other food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- **Nutrition** - Healthy meals & snacks
- **Safety** - Road safety
- **Preschooler & Family** - Appropriate Rewards & Punishments
- **General** - Getting ready for school

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



Routine Health & Development Check Up (5 Years)

Your child should go to the clinic/doctor for a health check up at 5 years. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of visit: _____ Seen by: _____

Nutritional Information

What food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____



At this visit you & the health professional should talk about:

- Nutrition - Giving your child healthy meals and snacks
- Safety - Water safety
- Preschooler & Family - Giving your child simple chores & Age appropriate books and toys
- General - Sleeping & TV habits

Sequence #

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check Up Summary

Are there any concerns from previous visits? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation



Routine Health & Development Check Up (6 Years)

Your child should go to the clinic/doctor for a health check up at 6 years. This is a routine review to make sure that your child is growing and developing in the way that he/she should. After examining your child the doctor/nurse/health worker will fill in the information.

Clinic Information

Clinic Name: _____

Address: _____ Tel No: _____

Date of Visit: _____ Seen by: _____

Nutritional Information

What food/drink?

Staple food: YES NO

Food from Animals: YES NO

Other milk: YES NO

Peas & Beans: YES NO

Dark green or yellow vegetables: YES NO

Fruit/fruit juice: YES NO

Fats/oils: YES NO

How many meals and snacks did the child have?

Meals: < 3 3 > 3

Snacks: < 2 2 > 2

Other foods: _____

Sequence #

Family Support Level:

1. Needs no additional support

2. Needs additional support at the Community Level

Recommendations: _____

3. Needs additional support provided by Specialist Services

Recommendations: _____

Health & Development Check up Summary

Are there any concerns since birth? _____

Are there any concerns from the current visit?

Physical No Yes If Yes Observation Further Investigation

Specialist Referral _____

Developmental No Yes If Yes Observation Further Investigation

Specialist Referral _____

Behavioural No Yes If Yes Observation Further Investigation

Specialist Referral _____

Hearing No Yes If Yes Observation Further Investigation

Specialist Referral _____

Vision No Yes If Yes Observation Further Investigation

Specialist Referral _____



At this visit you & the health professional should talk about:

- **Nutrition** - Promoting healthy meals and snacks
- **Safety** - Playground & Stranger Safety
- **The School** - Age Child & Family - Raising an emotionally healthy child
- **General** - Your child's adjustment to school & bedwetting



Health-Education Interface 6-11 years

Sequence # _____

Medical Assessment

This child:

- is healthy and has no known medical problems
- has a medical problem which is being investigated
- has a medical problem which has been diagnosed and is being managed
- Other _____

Sensory Assessment

This child:

- has no known sensory problem
- has a sensory problem which is being investigated
- has a sensory problem which has been diagnosed and is being managed
- Other _____

Developmental Assessment

This child:

- is developing normally
- has a developmental problem which is being investigated
- has a developmental problem which has been diagnosed and is being managed
- Other _____

Behavioural Assessment

This child:

- has no known behavioural problems
- has a behavioural problem which is being investigated
- has a behavioural problem which has been diagnosed and is being managed
- Other _____

Nutrition Assessment

Weight for Height/BMI

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Above 3 | <input type="checkbox"/> Above 2 to 3 | <input type="checkbox"/> Above 1 to 2 |
| <input type="checkbox"/> Below -1 to 0 | <input type="checkbox"/> Below -2 to -3 | <input type="checkbox"/> Below -3 |

Does this child have any feeding problems? Yes No

State: _____

Special Assistance

This child will not require any special assistance

This child will require the following special aids for school:

Vision _____

Hearing _____

Physical _____

Other _____

Medication

This child requires daily medication: Yes No

Medication	Dose	Frequency	Special Instructions

Clinic/Doctor Information

Name of Clinic _____

Name of Doctor/Nurse _____

Signature _____

Address of Clinic _____

Contact Number _____

Please contact the clinic/doctor's office for further information if necessary

Sequence #

Nutritional Information for Parents

0 to 6 months

6 to 12 months

1 to 2 years

2 to 6 years



Breastmilk is the optimal feeding choice for your infant. However, if you

choose not to breastfeed consult your health care provider for advice on feeding your child.

Types of Foods

- Start breastfeeding immediately after birth (within half an hour)
- Exclusively breastfeed for 6 months—this means DO NOT give any other foods, drinks, not even water

How Much & How Often

- Breastfeed as many times as the child wants day and night
- Breast feeding will also make your baby smarter

Helpful Tips

- Exclusive breastfeeding protects your baby against diarrhoea and other infectious diseases.
- Breastfed babies score highest on intelligence tests
- Breastfeed when your baby shows signs of hunger: e.g., beginning to fuss, sucking fingers, or moving his/her lips



Types of Foods

- Continue breastfeeding
- At 6 complete months start with thick cereal/porridge.
- Later add a staple food (e.g. yam, green banana, breadfruit) with foods from animal (meat, fish, chicken) later gradually add fruits, dark green leafy and yellow vegetables, peas and beans, and fats and oils.

How Much & How Often

- Start with 2-3 tablespoons 2 times a day and then increase the quantity. Gradually increase frequency and thickness of the foods up to 3/4 cup per day.

Helpful Tips

- Add 1 new food at a time
- Learn your child's signals for hunger and respond accordingly
- Sit with and feed your child at mealtimes
- Crush or mince all foods



Types of Foods

- Continue breastfeeding
- Continue to offer a wide variety of staple foods (e.g. yam, green banana, breadfruit), food from Animals (meat, fish, chicken), fruits, dark green leafy and yellow vegetables, peas and beans, and fats and oils.

How Much & How Often

- Breastfeed frequently
- Gradually increase the amount of foods to a full cup, 3 times a day. Add 2 snacks between meals

Helpful Tips

- Let the child try to feed himself/herself but give help.
- Monitor how much the child eats



Types of Foods

- Give a mixture of family foods at meal times and healthy snacks between meals.

How Much & How Often

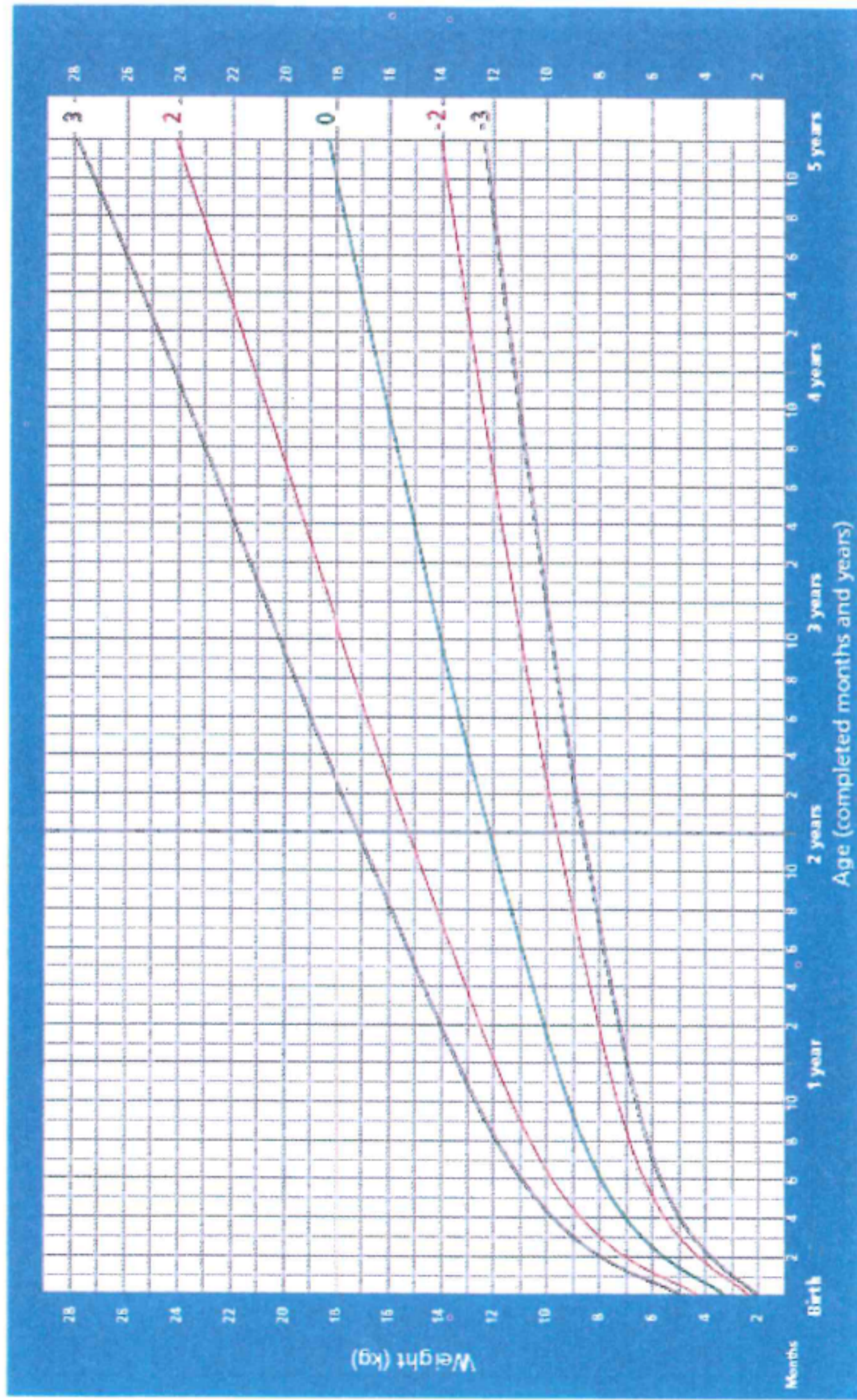
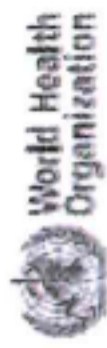
- Give your child 3 meals and 2 snacks daily. Gradually increase the amount and variety of foods at meals as your child gets older

Helpful Tips

- Help your child feed himself/herself
- Supervise feeding

Weight-for-age BOYS

Birth to 5 years (z-score)

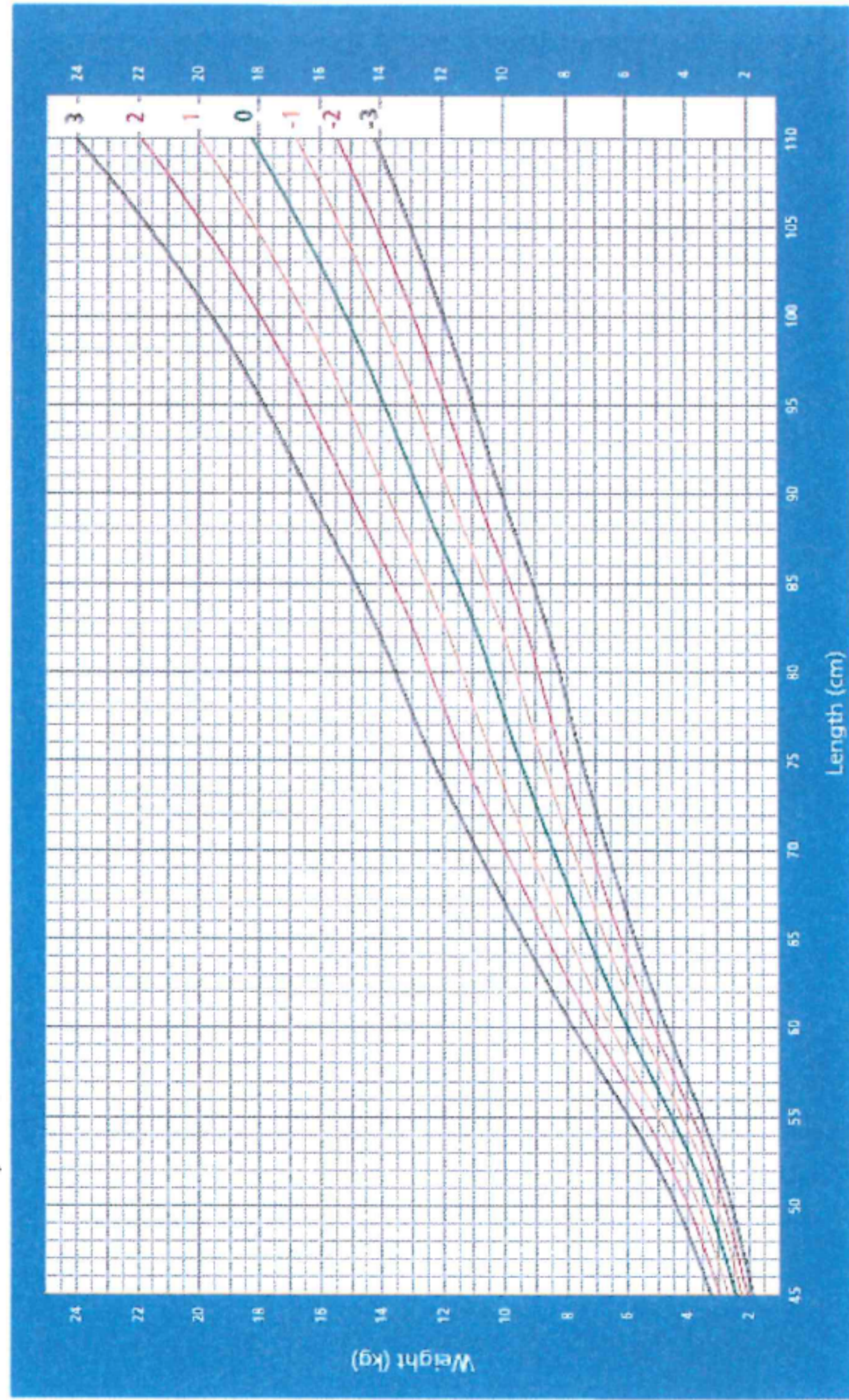


WHO Child Growth Standards

Sequence #

Weight-for-length BOYS

Birth to 2 years (z-scores)



WHO Child Growth Standards



Oral Health

Taking care of your child's teeth and gums is an important part of health and development. Your baby's teeth can start coming in as early as 3 months and as late as 12 months. Some babies have no problems while others have red, swollen and painful gums. Both reactions are perfectly normal. Once your baby's teeth come in, clean them every day, after the last feeding with a baby toothbrush or soft cloth and water. Children should make their first trip to the dentist around their first birthday because most dental problems start early. There are two charts below. The first chart is for your Dental Practitioner to record your child's visits to the Dental Clinic and the type of work done each time. The second chart is for you to record the age at which each of your child's teeth appeared.

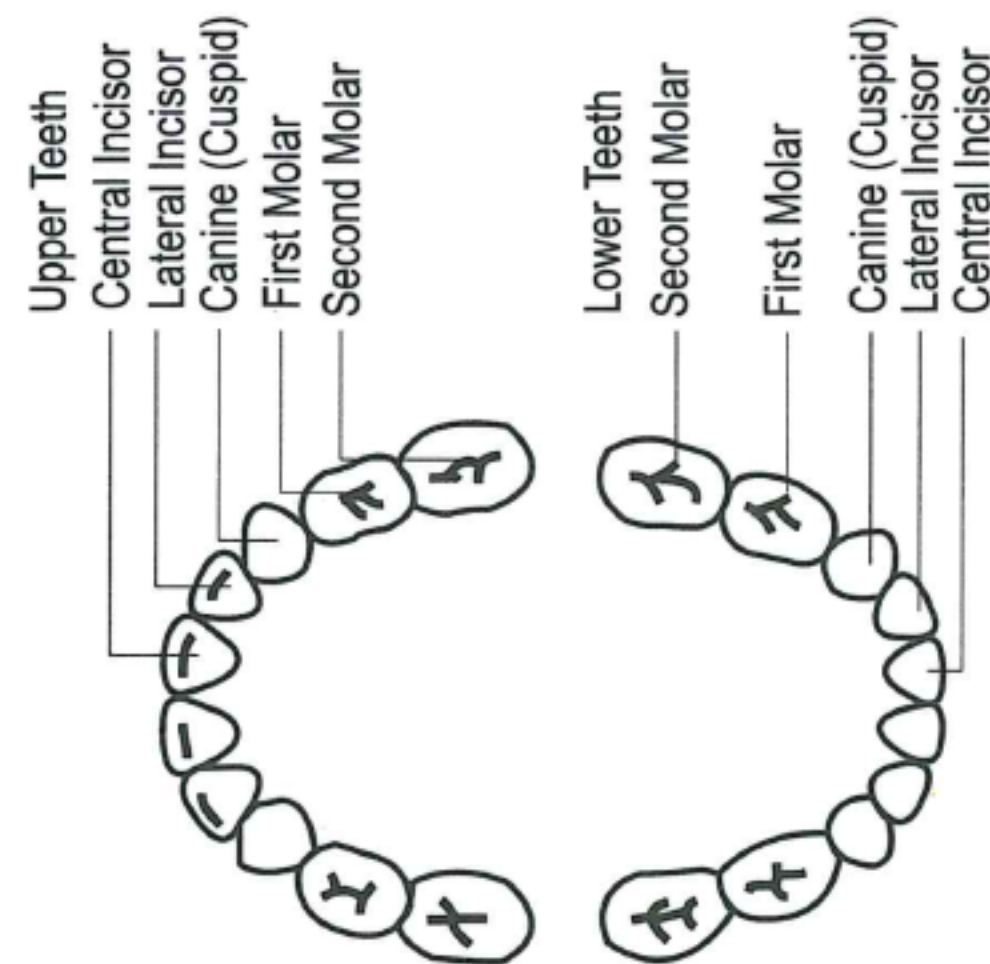
Dental Visits

Date	Child's Age	Dental Problems	Treatment	Signature

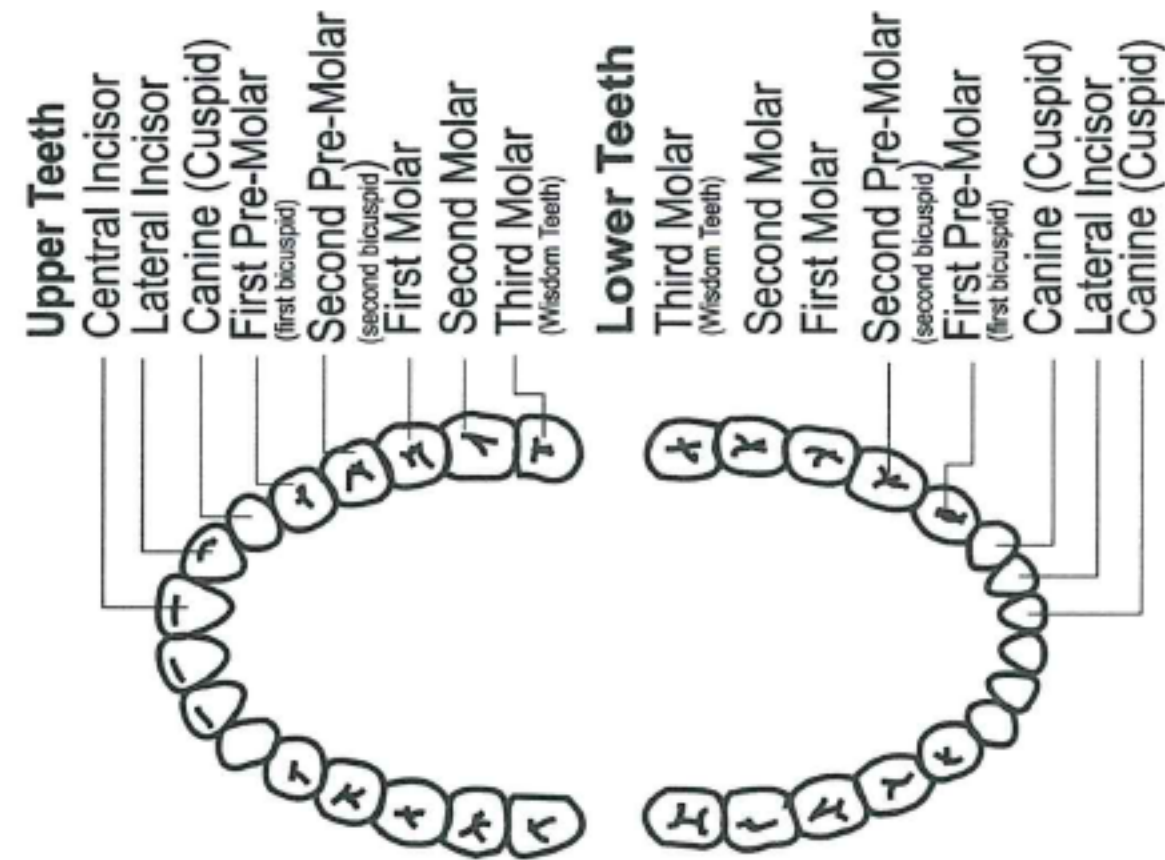
Sequence #

On the pictures below, write the age at which each tooth appeared

Baby Teeth



Permanent Teeth



Age of child's first dental visit.....

Name of Dental provider or dental clinic.....



Health-Education Interface – Secondary

Sequence # _____

Medical Assessment

This child:

- is healthy and has no known medical problems
- has a medical problem which is being investigated
- has a medical problem which has been diagnosed and is being managed
- Other _____

Sensory Assessment

This child:

- has no known sensory problem
- has a sensory problem which is being investigated
- has a sensory problem which has been diagnosed and is being managed
- Other _____

Developmental Assessment

This child:

- is developing normally
- has a developmental problem which is being investigated
- has a developmental problem which has been diagnosed and is being managed
- Other _____

Behavioural Assessment

This child:

- has no known behavioural problems
- has a behavioural problem which is being investigated
- has a behavioural problem which has been diagnosed and is being managed
- Other _____

Nutrition Assessment

Weight for Height/BMI

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Above 3 | <input type="checkbox"/> Above 2 to 3 | <input type="checkbox"/> Above 1 to 2 |
| <input type="checkbox"/> Below -1 to 0 | <input type="checkbox"/> Below -2 to -3 | <input type="checkbox"/> Below -3 |

Does this child have any feeding problems? Yes No

State: _____

Special Assistance

This child will not require any special assistance

This child will require the following special aids for school:

Vision _____

Hearing _____

Physical _____

Other _____

Medication

This child requires daily medication: Yes No

Medication	Dose	Frequency	Special Instructions

Clinic/Doctor Information

Name of Clinic _____

Name of Doctor/Nurse _____

Signature _____

Address of Clinic _____

Contact Number _____

Please contact the clinic/doctor's office for further information if necessary



Record of Childhood Illnesses, Injuries & Referrals

This is an important record of any serious allergies (e.g. to nuts or penicillin) or illnesses that your child has had for more than one day (e.g. chicken pox, ear infections, diabetes, bronchitis). It also includes information on whether these illnesses led to your child spending time in the hospital and how these illnesses were treated.

Major Childhood Illnesses	Date	Age	Severity	Remarks

Allergies	Date	Age	Severity	Remarks

Hospitalisation – Reason	Date	Age	Severity	Remarks

Sequence #

Surgeries	Date	Age	Severity	Remarks

Reaction to Medication Antibiotics Blood Transfusion	Date	Age	Severity	Remarks

Accidents & Fractures	Date	Age	Severity	Remarks



Taxonomy of Reading Literacy

This assessment will help you to understand the reading level of your child. If the child is not exhibiting all the characteristics listed in their age group please discuss this situation with your child's teacher. Tick all that your child is doing.

Level 1 – Emergent Reading (3-5 Years)	
Pretends to read and tells stories from pictures	
Recognises letters in his or her name	
Recognises that letters are different from numbers	
Recognises that words are made of letters & letters have names and sounds	
Recognises that print is read from top to bottom and left to right	
Recognises that a book has a front, a back and a cover	
Level 2 – Developmental Reading (6-7 years)	
Reads and understands approximately 600 words	
Reads mono-syllabic words and simple sentences observing punctuations	
Follows simple written instructions	
Answers questions about stories and reads aloud	
Knows the difference between capital and common letters	
Writes short sentences with spaces between words and uses punctuations	
Level 3 – Independent Reading (8-9 Years)	
Reads and understands about 3000 words	
Reads simple familiar stories with fluency	
Figures out new words with two or more syllables using roots, prefixes & suffixes	

Level 3 – Independent Reading (8-9 Years)	
Makes inferences and understands meanings not directly stated	
Writes about experiences using paragraphs and correct punctuations	
Engages in independent reading and writing	
Level 4 – Exploratory Reading (10 – 11 Years)	
Reads multi-syllabic words with fluency	
Reads content area material with increasing understanding	
Reads tables and information in prose and other forms	
Creates original stories and poems from what is read	
Thinks critically and communicates ideas and feelings	
Engages in independent research	
Level 5 – Advanced Reading (10 – 11 Years)	
Reads material containing technical information	
Enjoys literature including complex fiction and non-fiction	
Uses literacy devices to create word portraits	
Writes using different types of sentences	
Shows tolerance for the ideas of others, draws logical conclusions and communicates ideas	
Writes using appropriate styles for different purposes	

Educational Pages

Sequence #

Teachers - Please fill in the information in the boxes below regarding this child's scores on these National Tests.

STANDARDISED TESTS	DATE	SCORES				SIGNATURE	TEACHER'S RECOMMENDATION
SCHOOL READINESS ASSESSMENT TEST (Age 4)							
GRADE ONE INDIVIDUAL LEARNING PROFILE							
GRADE THREE DIAGNOSTIC TESTS							
GRADE FOUR LITERACY & NUMERACY TESTS							
GRADE SIX ACHIEVEMENT TEST (GSAT)							
GRADE NINE ACHIEVEMENT TEST (GNAT)							

To help your baby learn:

- Let your child see you reading
- Play with your baby, eg games like Peckaboo
- Talk and sing to your baby!
- Show your baby books and read to them from birth
- Collect the school medical forms with the GSAT documents

Positive Parenting:

- Praise your child's achievements; this will help him/her develop confidence.
- Get involved in school activities like PTA meetings
- Explain what school might be like and ask what was the best thing that happened at school.

Parents Remember...

School medicals must be done before the child begins school. Medical forms should be collected from the school when registering your child and on collection of the GSAT document.

Schedule for School Medicals

Basic School/Pre-School	April to June
Grade Six Students	April to August
Other Students e.g. Transfer Students & Grade Ten Students	July to August

Quick Reference

IMMUNIZATION SCHEDULE

Recommended Ages Vaccines Should Be Given

Sequence #

Diseases	Birth up to 6 weeks	6 weeks	3 Months	6 Months	12 Months	18 Months	4-6 Years
Tuberculosis	BCG						
Poliomyelitis		OPV or IPV	OPV or IPV	OPV or IPV		OPV or IPV	OPV or IPV
Diphtheria, Pertussis (Whooping Cough), Tetanus		Pent. or DPT or DT	Pent. or DPT or DT	Pent. or DPT or DT		DPT or DT	DPT or DT
Haemophilus influenzae type b		Pent. or Hib	Pent. or Hib	Pent. or Hib			
Hepatitis B		Pent. or Hep B	Pent. or Hep B	Pent. or Hep B			
Measles, Mumps, Rubella					MMR		MMR
For entry to Pre-School/Basic School the above vaccines are required (For infants in Nurseries Day Cares check based on age of child)							
For entry to Primary/Preparatory School ALL the above vaccines and required							

Sequence #

 **Notes**

This page is for you to write down any information about your child's health and development. You can keep a note of observations, thoughts and/or questions that you would like to discuss with your Community Health Aide, Nurse or Doctor. All entries should be dated and signed.

Date	Observations/Thoughts/Questions	Advice or Treatment Given (if Any)	Signature

 **Notes**

This page is for you to write down any information about your child's health and development. You can keep a note of observations, thoughts and/or questions that you would like to discuss with your Community Health Aide, Nurse or Doctor. All entries should be dated and signed.

Date	Observations/Thoughts/Questions	Advice or Treatment Given (if Any)	Signature



Notes

This page is for you to write down any information about your child's health and development. You can keep a note of observations, thoughts and/or questions that you would like to discuss with your Community Health Aide, Nurse or Doctor. All entries should be dated and signed.

Date	Observations/Thoughts/Questions	Advice or Treatment Given (if Any)	Signature

Sequence #

Change of contact information

This page is for you to record any change in the child's Address, Contact Information or Primary Care Giver.

Date	New Address	New Phone #	New email	Primary care giver at this address

