

GOVERNMENT OF JAMAICA

Child Health & Development PASSPORT Jamaica

NAME: _______
HEALTH CENTRE: ______

This Passport cannot be used for travel overseas.

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

Sequence No.

Graphic Design and Layout by JIS

Printed in Jamaica by Phoenix Printery Ltd.

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

1 year

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

6 weeks

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 months

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.

Index	CHILD, FAMILY & BIRTH DETAILS	
11101070	Introduction	5
	How we handle infomation	6
	The Health Supervision Programme for Your Child	7
	What to expect at Health Visits	7
	Child & Family Details	8-9
	Emergency Health Information & Contacts	10
		11
	Family History Birth Details	
		12-13
	Immunization	14-15
	SCREENING & ROUTINE HEALTH CHECK UPS	
	6-8 weeks	16/19
	3 months	20-21
	6 months	22-23
	9 months	24-27
	12 months	28-29
	18 months	30-33
	24 months	34-35
	3 years	36-39
	Health-Education Interface - Preschool	
	2-5 years	40-41
	4 years	42-43
1	5 years	44-45
, ,	6 years	46-47
	Health Education Interface – Primary	
	6-11 years	48-49
	Health Education Interface – Secondary	66-67
	NUTRITIONAL & DENTAL INFORMATION	
	Nutritional Information for Parents	50-51
	Data Sheet for Growth Charts	52-53
	Growth Charts	54-63
	Oral Health	64-65
	Routine Health Check Ups at Regular Intervals (7–17) years	68-69
	Record of Childhood Illnesses, Injuries & Referrals	70-71
	EDUCATION Tayonamy of Booding (2.5 Years)	70.70
	Taxonomy of Reading (3-5 Years)	72-73
	Educational Pages	74-75
	GENERAL INFORMATION	
	Schedule for School Medicals	76
	Immunization Schedule	77
	Notes Pages for Parents	78-80
	Change of Contact Information	81
	Other Health Facilities Visited	82
	Resources for Parents	83

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



Sequence #

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's name:

Child & Family Details

Child's Primary Address:			
Silia 31 ililaly / laaroos.			
-			
Emergency Contact:		The second secon	
Name	Pet Name/Alias	Relationship to child	Address
1.			1
2.			
Health Clinic & Doctor Cont	acts:		-
Health Clinic Name		Address	Telephone
1.			
2.	AT M.		
GP or Paediatrician's Name	OT TANY, OF	Address	Telephone
1.			
2.		Address	Telephone
2. Dentist's Name			

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		
Relationship with child:		-

Cell

Telephone Contact

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.

Landmark Near to Home

DO NOT keep kerosene oil or bleach in milk boxes, juice boxes or soda bottles. A child may drink them.



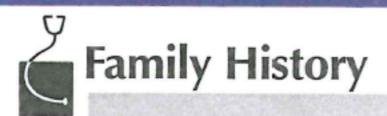
Emergency Health Information& Contacts

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

Specialist Clinics	Address	Contact Numbers
1.	5 7 Bank 3 2	N. W.
2.		
3.		
4.		
5.		

Special I	Special Needs (social, physical, educational, emotional) Date			
1.				
2.				
3.	OF MANY ONE PEON			
4.	OUT OF LE			
5.				

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



Illness/Disease	Family Member
Allergies	
Anaemia	
Asthma	
Diabetes	
Behavioural or Emotional Disorders	
Early Heart Disease	
Hearing Disorders	AND THE RESERVE OF THE PARTY OF
Learning Difficulties	The diff
Obesity	
Sickle Cell Anaemia	
Seizures	
Tuberculosis	14.為
Visual Disorders	TAY ONE THE
Hypertension	
Bleeding Disorder	

Birth Details

	-	
Pregnancy Length of Pregnancy in weeks:	Earnena 🗆	
	Forceps	Caesarean Section
Type of delivery: Spontaneous Vaginal Delivery □ Vacuum □ Any problems during Pregnancy or Birth? Yes □ No □	If was letete	
(Including emotional states/problems)	If yes, state	
Birth	Date of Birth:	Time of Birth:
Place of Birth (hospital name and location):	Dato of Birth.	Timo or birdi.
	Lacord at Blad	
Birth Certificate Number: Birth Weight:	Length at Birth:	Head Circumference:
APGAR Scores: 1 minute 5 minutes	Single or multiple birth?	If multiple, birth order:
Condition of Child at Birth: Normal □ Resuscitation □		
Reasons for admission to NICU	*AA7	
Discharge Diagnosis		
Any Specialist Referrals?		
Blood Type: Type of Feeding: Breast Other	Please state	F MANY CONF PERSON IN
Screening at Birth: Hearing □ Genetic □ Sickle Cell □	Other Please state	
Results:		
— II A A A A A A A A A A A A A A A A A A		
Family Support Level: 1. Needs no additional support □		
2. Needs additional support at the Community Level		
3. Needs additional support provided by Specialist Services		
12		13



Immunization

Sequence #

You can help protect your child against many dangerous childhood diseases by making sure that they get immunized on time. Vaccines help your child make antibodies to fight diseases. These vacccines are very safe. Most vaccines cause only a slight fever or soreness where the needle went into the arm or leg. These side effects usually do not last for long and more serious side effects are very rare.

However, if these reactions continue for a long time or other reactions develop, call the nurse at the clinic or your own doctor. The chart below shows the recommended immunization schedule from the Ministry of Health.

Age	Type of Vaccine	Date of Immunization	Manufacturer	Batch No/ Lot No.	Signature of person giving vaccine	Comments (e.g. side effects, reactions)	Date of next Immunization
Birth - 6 Weeks	BCG						
6 Weeks	OPV/IPV						
	DPT/DT						
	HepB		102.12				
	Hib						
3 Months	OPV/IPV						
Second dose of	DPT/DT	(A) (A)					
3	HepB						
7	Hib	1 1				72	
5 – 6 Months	OPV/IPV		7.00				
Third dose of	DPT/DT	Je 1991			1 1		
	НерВ	That is the			100		
	Hib	27.5	ł Wall-				
12 Months	MMR	1.6.1			127 To 12		
18 Months	DPT/DT	- 34)					
Booster dases of:	OPV/IPV	W					1
4 – 6 Years	DPT/DT	112					
Booster dases of:	OPV/IPV				tel Charles	<u> </u>	
	MMR						
10 - 11 Years	Td or Adult DT						
Other Vaccines							

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 t	ick 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 affect	ting 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, Matresses and Bumpers are secured tightly as they can cause injurry 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.

	Child He	ealth & Development		
Please tick \	Yes OR No			
1.	Do you think y	our baby can hear you?		
	Yes □	No 🗆		
2.	Does your bab	by startle to loud noises?		
	Yes □	No 🗆		
3.	Does your bab	by use both hands well?		
	Yes □	No 🗆		
4.	Do you think y	our baby sees well?		
	Yes □	No □		
5.	Does your hab	by follow your face with his/her eyes?		
0.	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:		



General

o Bathing your baby

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.

Address:		Tel No: _	
Date of visit:			
Seen by:			
	1	Nutritional Information	
Breast Milk:	☐ YES	□ NO	
ormula:		□ NO	
If YES, which:	<u> </u>	- NV/A	
Other food/drin	k:		
			out:
	visit you & the I	health professional should talk ab	out:
At this Nutritio	visit you & the I		out:
At this Nutritio	visit you & the l	health professional should talk ab	out:
At this Nutritio	visit you & the l n Breastfeeding	nealth professional should talk ab	out:
At this Nutritio	visit you & the land	health professional should talk ab	out:
At this Nutritio O O O O O Safety	visit you & the land	nealth professional should talk ab	out:
At this Nutritio O O O Safety O O O O O O O O O O O O O O O O O O O	visit you & the lands of the la	nealth professional should talk ab	out:

1. Needs no 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	Family Supp	ort Leve	el:		•
Recommendations: Recommendations	1. Needs no add	itional sup	port		
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 Observation Further Investigation Specialist Referral Specialist Referral Behavioural No Yes If Yes Observation Further Investigation Specialist Referral Specialist Referral Hearing No Yes If Yes Observation Further Investigation Specialist Referral Special	2. Needs addition	nal suppor	t at the Con	nmunity L	evel
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 Specialist Referral Behavioural No Yes If Yes Observation Further Investigation Specialist Referral Specialist Referral Hearing No Yes If Yes Observation Further Investigation Specialist Referral Specialis	Recommenda	tions:			
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 Observation Further Investigation Specialist Referral Specialist Referral Behavioural No Yes If Yes Observation Further Investigation Specialist Referral Specialist Referral Hearing No Yes If Yes Observation Further Investigation Specialist Referral Specialist Referral Vision No Yes If Yes Observation Further Investigation	3. Needs addition	nal suppor	t provided b	y Special	ist Services □
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 Specialist Referral Vision No Yes If Yes Observation Further Investigation	Recommenda	tions: ——			
Are there any concerns from the current visit? Physical No Yes If Yes Observation Further Investigation Specialist Referral Observation Further Investigation Specialist Referral Speci					
Are there any concerns from the current visit? Physical No Yes If Yes Observation Further Investigation Specialist Referral Observation Further Investigation Specialist Referral Speci		Haalth	& Dovol	onmont	Chook up Summanı
Physical No Yes If Yes Observation Further Investigation Developmental No Yes If Yes Observation Further Investigation Specialist Referral Developmental No Yes If Yes Observation Further Investigation Specialist Referral Speci	Are there any co		A 20	pinent	Check up Summary
Specialist Referral Developmental No Yes If Yes Observation Further Investigation Specialist Referral Developmental No Yes If Yes Observation Further Investigation Specialist Referral Developmental Specialist Referral Specialist	Are there any co	oncerns fro	m the curre	ent visit?	
Developmental No Yes If Yes Observation Further Investigation Specialist Referral ———————————————————————————————————	Physical	No 🗆	Yes □	If Yes	Observation ☐ Further Investigation ☐
Specialist Referral No Yes If Yes Observation Further Investigation Specialist Referral Specialis					Specialist Referral
Behavioural No Yes If Yes Observation Further Investigation Hearing No Yes If Yes Observation Further Investigation Specialist Referral Specialist Referral Specialist Referral Specialist Referral Specialist Referral Specialist Referral Observation If Yes Observation Further Investigation Observation Investigation Investiga	Developmental	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
Specialist Referral No Yes If Yes Observation Further Investigation Specialist Referral Specialist Refer		11			Specialist Referral
Hearing No Yes If Yes Observation Further Investigation Specialist Referral Vision No Yes If Yes Observation Further Investigation Usion	Behavioural	No □	Yes 🖸	If Yes	Observation ☐ Further Investigation ☐
Specialist Referral Vision No Yes If Yes Observation Further Investigation		OU	The state of the s	Y. Y.	Specialist Referral
Vision No ☐ Yes ☐ If Yes Observation ☐ Further Investigation ☐	Hearing	No □	Yes	If Yes	Observation ☐ Further Investigation ☐
in too observation in rootigation					Specialist Referral
	Vision	No □	Yes □	If Yes	Observation ☐ Further Investigation ☐
Specialist Referral					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.

	Se	een by:
	Nut	ritional Information
Breast milk:	YES	□ NO
ormula:	☐ YES	☐ NO If YES, which:
Other food/drin	k:	
A		
At this Safety	s visit you & the h	nealth professional should talk about:

Sequence #

Family Supp	ort Lev	el:		
1. Needs no add	ditional sup	port		
2. Needs additio	nal suppo	rt at the Co	mmunity L	.evel
Recommendation	ons			
3. Needs additio	nal suppo	rt provided	by Special	list Services □
Recommendation	ns ——			
Are there any co	oncerns sir	nce previou	s visits?	Check up Summary
Physical	No □	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
				Specialist Referral
Developmental	No 🗆	Yes □	If Yes	Observation ☐ Further Investigation ☐
	8	7		Specialist Referral
Behavioural	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
	OU	TOF	MNY	Specialist Referral
Hearing	No □	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
				Specialist Referral
Vision	No □	Yes □	If Yes	Observation ☐ Further Investigation ☐
				Specialist Referral

o Developing your baby's language skills

General

o Bedtime routine



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 ve	egetables:
Fruit/fruit juice:	YES DNO
Fats/oils:	YES NO
How many meals and	snacks does the child have?
Meals: < 3 □ 3 □ > 3	
Snacks: < 2□ 2□ > 2	
Other foods:	OF MANUE PEOP
 Nutrition 	t you & the health professional should talk about:
	stroducing other foods
Safety	ral Hygiene
	laking the home safe for your baby

Sequence #

Family S	upport	Level:		
1. Needs	s no additi	onal suppor	rt 🗆	
2. Needs	additiona	l support at	the Comr	munity Level
Recor	nmendatio	ons:		
Needs	additiona	l support pr	rovided by	Specialist Services
Recon	nmendatio	ns:		
	Health	& Dayel	onmon	Check up Summary
Are there any co	oncerns si	nce previou	s visits?	
Are there any co	oncerns fro	om the curre	ent visit?	
Physical	No□	Yes 🗆	If Yes	Observation Further Investigation
				Specialist Referral
Developmental	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
		1		Specialist Referral
Behavioural	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
	4	OFM	ANY	Specialist Referral
Hearing	No 🗆	Von 🗆	KV	- Company
Hearing	No □	Yes 🗆	If Yes	Observation Further Investigation
				Specialist Referral
Vision	No 🗆	Yes □	If Yes	Observation Further Investigation

Specialist Referral

Baby & Family

Playing with your baby

Taking time for you



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/Ca	aregiver	Health		
Please t	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 h	ome that may	y be affecting th	ne 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

	Child Health & Development
Plea	ase tick Yes OR No
1.	Do you think your child has problems using his/her arms or legs? Yes \square No \square
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 \square No \square
If Y	es, 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 I	nformati	on
Clinic Name:			
Address:			Tel No:
Date of Visit:	Seen b	y:	
Nut	ritional	Informa	tion
Breast milk: ☐ YES	□ NO		
What other food/drink?			
Staple food:	□ NO	N N " -	
Food from Animals:	□ NO	(0))	
Other milk:	□ NO		
Peas & Beans:	□ NO		
Dark green or yellow vegetable	es:	☐ YES	□ NO
Fruit/fruit juice:		3	77774
Fats/oils:	□ NO	ě à	14.81
How many meals and snack	s did the ch	ild have?	
Meals: < 3 □ 3 □ > 3 □		à) 智麗
Snacks: < 2□ 2□ > 2□	1	E	A H
Other foods:	FMAN	YONE	PEOP,



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

Needs no add Needs additio Recommenda	nal suppo	rt at the C		
3. Needs addition	nal suppo	rt provide	d by Specia	alist Services
Recommenda	tions:			
		-		
	Health	& Deve	lopmer	nt Check up Summary
Are there any co	ncerns si	nce previo	ous visits?	
Are there any co	ncerns fro	om the cui	rent visit?	
Physical	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
	MAN Y	H		Specialist Referral
Developmental	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
		1		Specialist Referral
Behavioural	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
	OU		5	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 (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 Informa	ation
	Clinic Name:		
	Address:		Tel No:
	Date of Visit:	Seen by:	
	Nut	tritional Inforn	nation
В	reast milk:	□ NO	
٧	hat other food/drink?		
S	taple food:	□ NO	
F	ood from Animals: YES	□ NO	
C	other milk:	□ NO	
Ρ	eas & Beans: YES	□ NO	
D	ark green or yellow vegetab	les:	S □ NO
F	ruit/fruit juice: YES	□ NO	
F	ats/oils:	□ NO	
Н	low many meals and snack	s did the child have?	
N	leals: < 3 □ 3 □ > 3 □		
S	nacks: <2□ 2□ >2□		
C	Other foods:	F MAN AND	E PEROL NO.
	At this visit you	& the health profession	nal should talk about:
	 Nutrition 		
	A	ng nutritionally balance	d meals
	Baby & Family	limita 0 milas	
		limits & rules renting style	

Sequence

Family Suppo	rt Level:	
1. Needs no additi	onal support	
2. Needs additiona	I support at the Community Level	
Recommendation	ons:	
3. Needs additiona	I support provided by Specialist Services	
Recommendation	ns:	

				nt Check up Summary
Are there any co	ncerns si	nce previo	ous visits?	
Are there any co	ncerns fro	om the cur	rent visit?	
Physical	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐
		V I		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
/ision	No □	Yes 🗆	If Yes	Observation Further Investigation

General

o Visiting the Dentist



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
Are you feeling well? Yes □ No □
2. Is your partner feeling well? Yes □ No □ N/A □
 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□
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 ne/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 twice), ple	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 \square No \square					
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.

CHILD HEALTH & DEV

ELOPMENT PASSPORT



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 Ir	nformati	on
Clinic Name:			
Address:			Tel No:
Date of visit:	Seen by: _		
Nut	ritional	Informa	tion
Breast milk:	□NO		
What other food/drink?			
Staple food:	□NO	A VVS	
Food from Animals: YES	□NO		
Other milk:	□NO		
Peas & Beans:	□NO		
Dark green or yellow vegetable	es:	☐ YES	□NO
Fruit/fruit juice:	□NO		
Fats/oils:	□NO		1 100 400 月
How many meals and snacks	did the ch	ild have?	(I) (II)
Meals: < 3 □ 3 □ > 3 □			
Snacks: <2□ 2□ >2□	-10		A. H.
Other foods:	MANY	ONE	EOPT

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

Family Supp	ort Leve	el:		
1. Needs no add	itional sup	port 🗆		
2. Needs addition	nal suppor	t at the C	ommunity	Level
Recommenda	tions:			
3. Needs addition	nal suppor	t provided	by Specia	alist Services
Recommendat	tions: —			
	Health	& Deve	lopmen	t Check up Summary
Are there any co	ncerns si	nce birth?	N. V. V.	
Are there any co	ncerns fro	om the cur	rent 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 I	nformati	on	
Clinic Name:				
Address:			Tel No:	
Date of visit:	_ Seen by: _	y:		
Nut	ritional	Informa	tion	
Breast milk:	□ NO			
What other food/drink?				
Staple food:	□ NO			
Food from Animals: YES	□ NO			
Other milk:	□ NO			
Peas & Beans:	□ NO			
Dark green or yellow vegetable	es:	☐ YES	□NO	
Fruit/fruit juice:	□ NO			
Fats/oils:	□ NO			
How many meals and snacks	s did the ch	ild have?		
Meals: < 3 □ 3 □ > 3 □				
Snacks: <2□ 2□ >2□				
Other foods:	- AN	, OH+	TOPY F	



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 "terr ble" 2's
- · General Starting preschool/day care

2. Needs addition	nal suppor	t at the Cor	mmunity L	evel 🗆
Recommendat				
3. Needs addition	nal suppor	t provided I	by Special	ist Services
Recommendat				
T COOTHINGTON				
			TAME	(d)
	Health	& Devel	opment	Check up Summary
Are there any co	oncerns sir	nce birth?_	13.77	
Are there any co	oncerns fro	m the curr	ent visit?	
Physical	No 🗆	Yes 🗆	If Yes	Observation Further Investigation
				Specialist Referral
Developmental	No 🗆	Yes 🗆	If Yes	Observation Further Investigation
Developmental	No 🗆	Yes 🗆	If Yes	Observation Further Investigation Specialist Referral
	No 🗆	Yes □		Specialist Referral
				Specialist Referral
Developmental Behavioural Hearing				Specialist Referral Observation Further Investigation
Behavioural	No 🗆	Yes 🗆	If Yes	Specialist Referral Observation Further Investigation Specialist Referral



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

Below are some important questions that we would like <u>you</u> 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	y be affecting the child? Yes □ No □				
	AND THE WAY	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				

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.

lease	e tick Yes OR No
1.	Do you think your child has problems sitting, standing, walking or moving around? Yes \square No \square
2.	Do you think your child has problems using his/her hands or fingers to do things? (e.g. holding objects) Yes \square No \square
3.	Do you think your child has problems seeing? Yes \square No \square
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 \Box No \Box
6.	Do you think your child has problems speaking? Yes □ No □
7.	Are you concerned about any aspect of your child's behaviour? Yes \Box
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 Y	es, please state:



Routine Health & Development Check Up (3 Years)

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 I	nformati	on	
Clinic Name:				
Address:			Tel No:	
Date of visit:	Seen by			
N	utritional	Informa	tion	
Breast milk:	S □ NO			
What other food/drink?				
Staple food:	S NO			
Food from Animals: YE	S NO			
Other milk:	S NO			
Peas & Beans:	S NO			
Dark green or yellow vegeta	bles:	☐ YES	□ NO	
Fruit/fruit juice:	S NO		- VANP	
Fats/oils:	S 🗆 NO			:
How many meals and sna	cks does the c	hild have?		
Meals: < 3 □ 3 □ > 3 □				
Snacks: < 2□ 2□ > 2□				
Other foods:	OF MAN	FONE	PEOP	

	-0
	- 3
100	=//

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 addition	nal suppo	rt provided	l by Specia	alist Services	
Recommenda	tions:				
		6-1	- Tribando		
Are there envise		1.00		t Check up Summary	
Are there any co					
Are there any co	Are there any concerns from the current visit?				
Physical	No 🗆	Yes 🗆	If Yes	Observation Further Investigation	
		7 8		Specialist Referral	
Developmental	No□	Yes 🗆	If Yes	Observation Further Investigation	
	V I			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

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 □	Weight for Height/BMI Above 3 Below -1 to 0 Does this child have any feeding problems? Nutrition Assessment Above 2 to 3 Above 1 to 2 Below -2 to -3 Below -3 No State:				
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 □	Special Assistance This child will not require any special assistance This child will require the following special aids for school: Vision Hearing Physical Other 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 □	Medication This child requires daily medication: Medication Dose Frequency Special Instructions				
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 □	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)

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 II	nformati	ion	
		Tel No:	
Seen by: _			
ritional	Informa	tion	
□NO			
	HE ST		
□ NO	ART A	2 Secretary	
□NO			
□ NO		ATTENDA.	
□ NO			
es:	YES	□ NO	
□ NO		VIIV?	
□NO			
s did the chi	ild have?		
MANY	ONE	PEOPLE	
	Seen by: - ritional NO	Seen by: ritional Informa NO	NO



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

Sequence #

Vision

No 🗆

Yes

Family Suppo	ort Leve	l:		
1. Needs no addit	ional supp	ort 🗆		
2. Needs addition	al support	at the Con	nmunity Le	evel 🗆
Recommendati	ons:			
3. Needs addition	al support	provided b	y Speciali	st Services □
Recommendati	ons:			
			There is a	
			All Action	71.
			The state of the s	3000 (1)
	Health	& Devel	opment	Check up Summary
Are there any co	1972		opment	Check up Summary
	ncerns sir	nce birth?	((4)	Check up Summary
Are there any co	ncerns sir	nce birth?	((4)	Observation Further Investigation
Are there any co	ncerns sir	nce birth? om the curr	ent visit?	
Are there any co	ncerns sir	nce birth? om the curr	ent visit?	Observation ☐ Further Investigation ☐
Are there any co Are there any co Physical	ncerns sir	nce birth? om the curr Yes □	ent visit?	Observation ☐ Further Investigation ☐ Specialist Referral ☐
Are there any co Are there any co Physical	ncerns sir	rce birth? m the curre Yes	ent visit? If Yes	Observation
Are there any co Are there any co Physical Developmental	ncerns sir	rce birth? m the curre Yes	ent visit? If Yes	Observation

If Yes

Specialist Referral

Specialist Referral _ _

Observation $\ \square$ Further Investigation $\ \square$



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 Ir	nformation
Clinic Name:		
Address:		Tel No:
Date of visit:	Seen by:	
Nut	ritional	Information
What food/drink?		
Staple food:	□ NO	
Food from Animals: YES	□ NO	
Other milk:	□ NO	
Peas & Beans:	□ NO	
Dark green or yellow vegetable	es:	YES NO
Fruit/fruit juice:	□NO	38 163.7
Fats/oils:	□ NO	770/
How many meals and snacks	s did the chil	ld have?
Meals: < 3 □ 3 □ > 3 □		
Snacks: <2□ 2□ >2□		
Other foods:		
0 717	MANY	ONE PEOD



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

Family Support Level:									
1. Needs no additional support □									
2. Needs additional support at the Community Level \square									
Recommendations:									
3. Needs additional support provided by Specialist Services □									
Recommendat	ions: ——								
Health & Development Check Up Summary Are there any concerns from previous visits?									
Are there any co	ncerns fro	m the cur	rrent visit?						
Physical	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐					
				Specialist Referral					
Developmental	No 🗆	Yes 🗆	If Yes	Observation Further Investigation					
		de		Specialist Referral					
Behavioural	No 🗆	Yes 🗆	If Yes	Observation Further Investigation					
				Specialist Referral					
Hearing	No \square	Yes 🗆	If Yes	Observation \square Further Investigation \square					
				Specialist Referral					
Vision	No □	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐					



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 I	nformati	ion
Clinic Name:_				
Address:				Tel No:
Date of Visit: _		Seen	by:	
	Nut	ritional	Informa	tion
What food/drink?				
Staple food:	YES	□ NO		
Food from Animals:	YES	□ NO	7411	The state of the s
Other milk:	☐ YES	□NO		
Peas & Beans:	☐ YES	□ NO	300	
Dark green or yello	w vegetable	es:	YES	□ NO
Fruit/fruit juice:	☐ YES	□ NO		ASS. /
Fats/oils:	☐ YES	□ NO	SEC SEC	- VINP
How many meals a	and snacks	s did the ch	ild have?	
Meals: <3□3□	>3 🗆			
Snacks: <2□ 2□	>2			
Other foods:	TIT O	FMAN	Y ONE	PEOD

	_
	1
1	- 3

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

2. Needs additional support at the Community Level □										
		at the Ot	offilliatility L	evel —						
Recommendat										
. Needs addition	al support	provided	by Special	ist Services						
Recommendat	ions: ——									
	Health	& Deve	lopmen	t Check up Summary						
Are there any co	ncerns sin	ce birth?	- (()	4 9						
Are there any co	ncerns fro	m the cur	rent visit?							
Physical	No 🗆	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐						
				Specialist Referral						
Developmental	No □	Yes 🗆	If Yes	Observation ☐ Further Investigation ☐						
Developmental	No 🗆	Yes 🗆	If Yes	Observation Further Investigation Specialist Referral						
	No □		If Yes							
				Specialist Referral						
Behavioural				Specialist Referral □ ———————————————————————————————————						
Developmental Behavioural Hearing	No 🗆	Yes 🗆	If Yes	Specialist Referral Observation Further Investigation Specialist Referral						



This child:

Health-Education Interface 6-11 years

is healthy and has no known medical problems

has a medical problem which is being investigated

Other

Medical Assessment

has a medical problem which has been diagnosed and is being managed

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 Other

	Developmental Assessment
This ch	ild:
	is developing normally
	has a developmental problem which is being investigated
•	has a developmental problem which has been diagnosed and is being managed \Box
•	Other

Behavioural Assessment

This child:

- has no known behavioural problems
- has a behavioural problem which is being investigated
- ullet has a behavioural problem which has been diagnosed and is being managed \Box

	Nι	itrition Assess	sment
Weight for He	eight/BMI		
☐ Above 3		☐ Above 2 to 3	☐ Above 1 to 2
☐ Below -1	to 0	☐ Below -2 to -3	☐ Below -3
Does this child	d have any feedir	ng problems? Yes	□ No □
	S	pecial Assista	nce
This child will n	ot require any sp	ecial assistance	
Vision □ Hearing □ Physical □	equire the following	ng special aids for scho	OI:
Other 🗆			
		Medication	1
This child requ	uires daily medica	ation: Yes 🗆	No 🗆
Medication	Dose	Frequency	Special Instructions
	77		
	OUT OF	MAY ONE	EOPLE
	Clinic	Doctor Inform	otion
lame of Clinic		Doctor inform	
Contact Number			
lease contact the	e clinic/doctor's o	office for further informat	tion if necessary

Sequence #

Nutritional Information for Parents

0 to 6 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

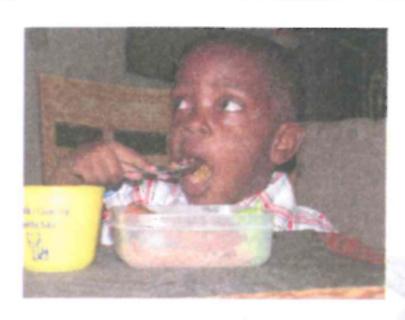
- Continue breastfeeding
- At 6 complete months start with thick cereal/porridge.
- Later add a staple food (e.g. yam, green banana, breadfruit) with foods from animal (meat, fish, chicken) later gradually add fruits, dark green leafy and yellow vegetables, peas and beans, and fats and oils.

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

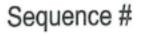
Sequence #

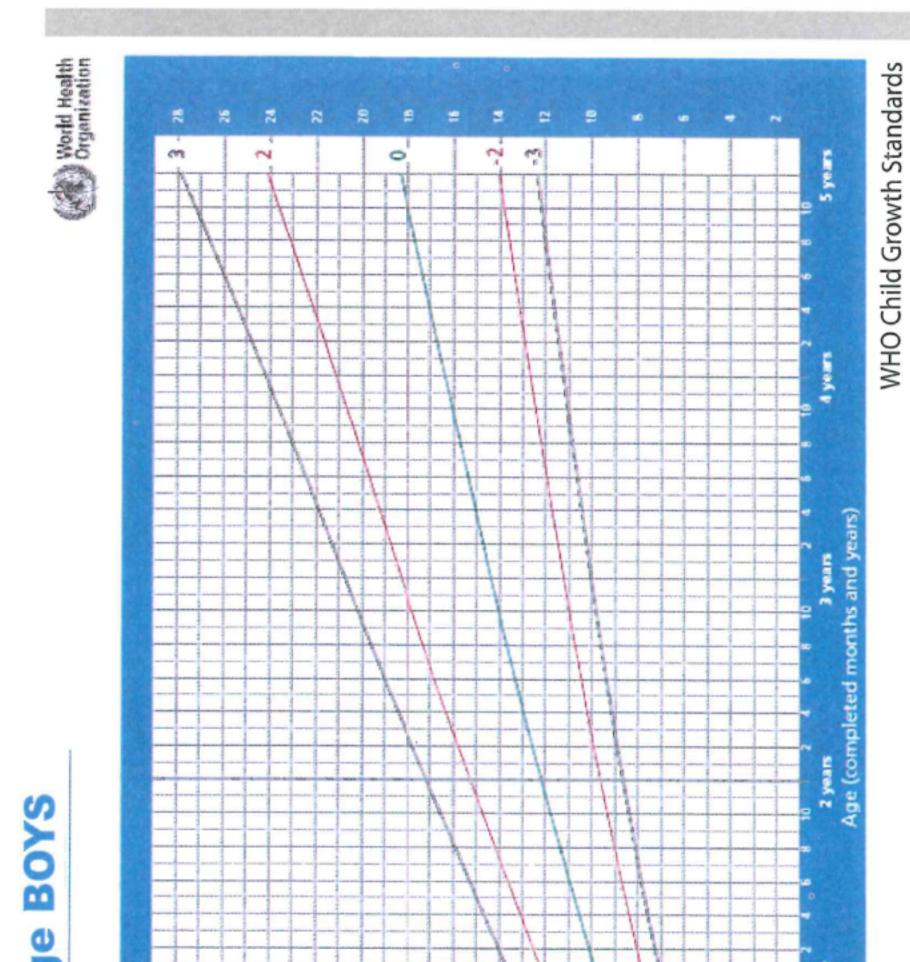
Body Mass Index (BMI)								
Weight (kg)								
Length/Height (cm)								
Age (months/years)								
Date							R	

Please input data used to plot graphs on the table below.

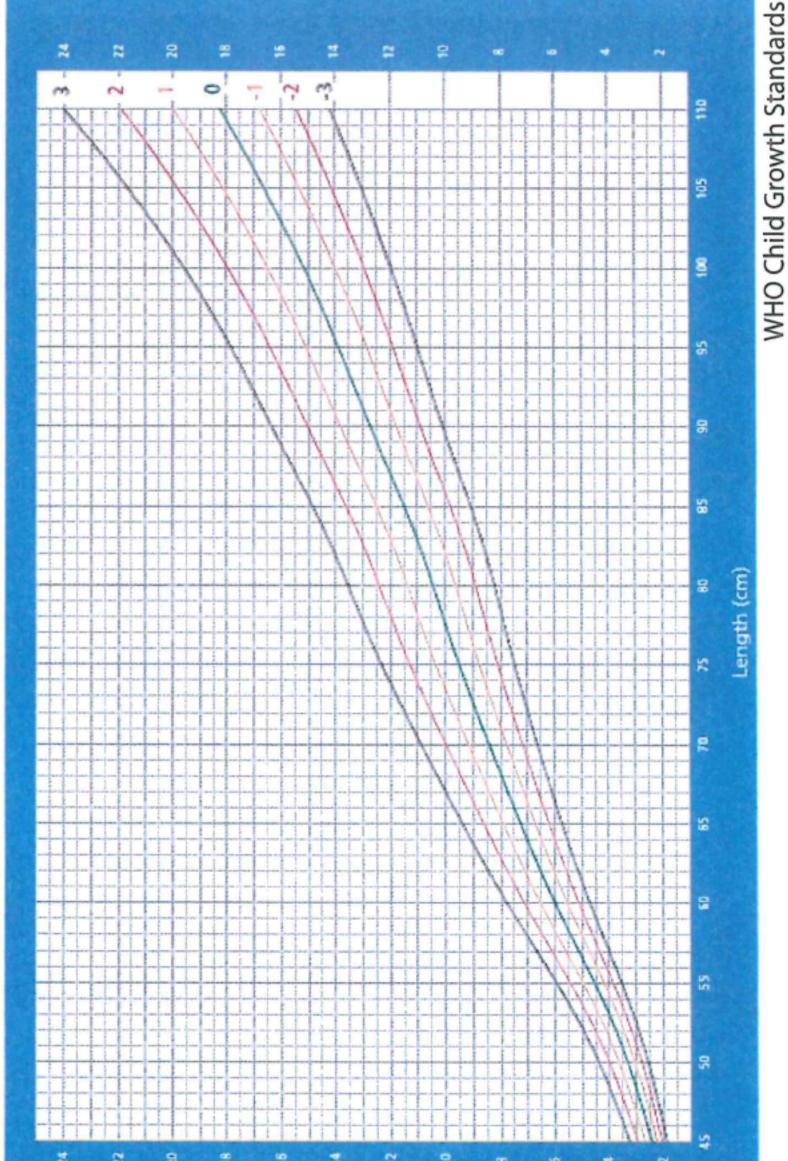
below.
table
the
ou
graphs
plot
9
nsed
data
input
Please

	Body Mass Index (BMI)							
e table below.	Weight (kg)							
olot graphs on th	Length/Height (cm)							
lease input data used to plot graphs on the table below.	Age (months/years)							
Please inp	Date							









Weight-for-length BO

Birth to 2 years (z-scores)

54

Weight (kg)

Birth to 5 years (z-score)

Weight-fo

55

Weight (kg)

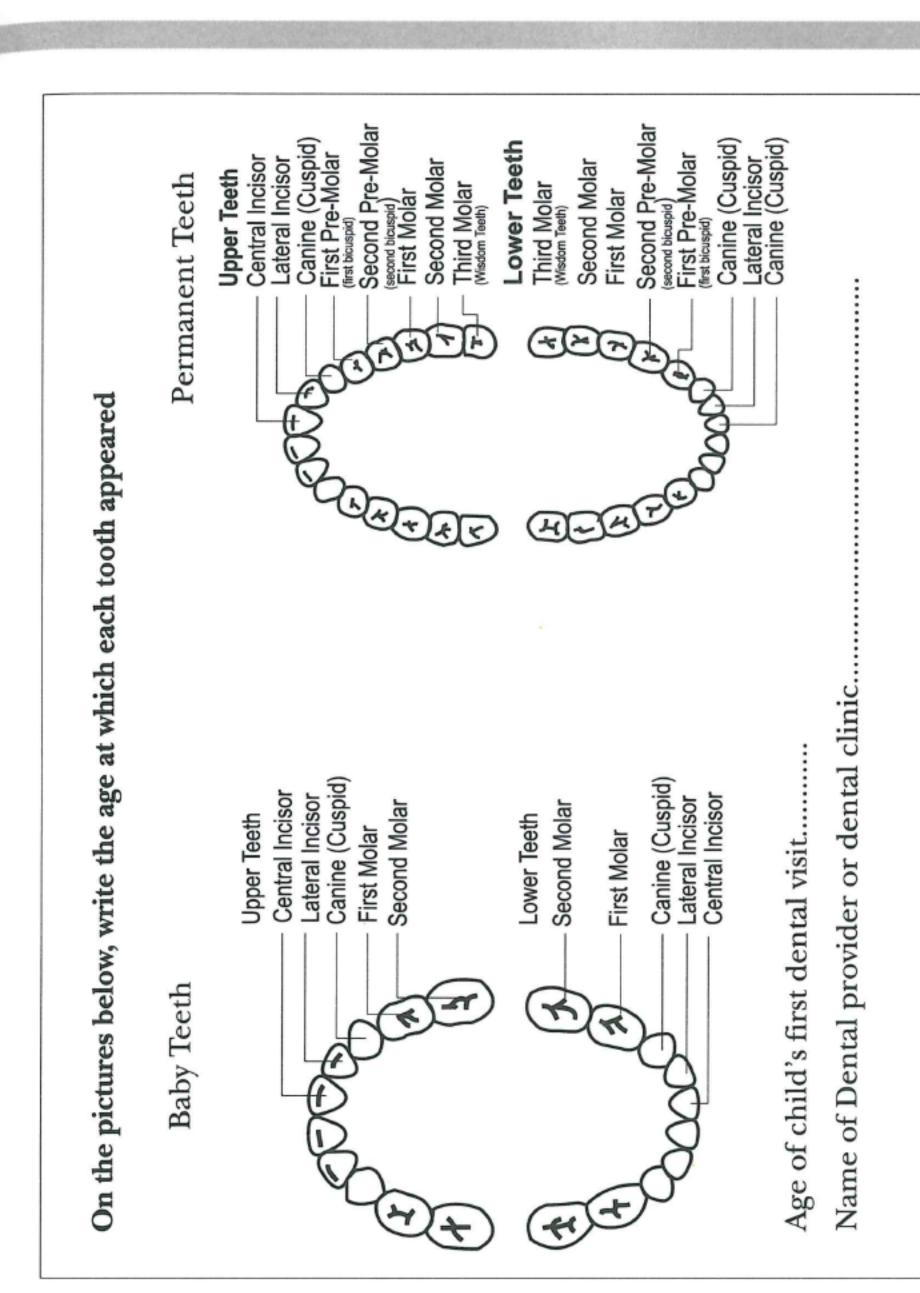


Oral Health

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 Practioner 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
		1 (7/1)		
	out	OF MANY, O	JE PEOPLE	
				,
				-4





Health-Education Interface – Secondary

	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 \square
•	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 cl	
•	is developing normally
•	has a developmental problem which is being investigated
•	has a developmental problem which has been diagnosed and is being managed
•	Other
	OUT STOPLE
	Behavioural Assessment
This o	child:
	has no known behavioural problems
	has a behavioural problem which is being investigated \square
	has a behavioural problem which has been diagnosed and is being managed \Box
	Other

Moight for Unight	Nu	trition Assessi	ment
Weight for Height/	BMI		
☐ Above 3		☐ Above 2 to 3	☐ Above 1 to 2
☐ Below -1 to 0	1	☐ Below -2 to -3	☐ Below -3
		g problems? Yes □	No 🗆
	Sp	pecial Assistan	се
This child will not re	quire any spe	ecial assistance	
Vision □ Hearing □ Physical □ Other □			
This child requires	daily medicat	Medication ion: Yes □	No 🗆
Medication	Dose	Frequency	Special Instructions
N. O.			
1	1		
1.1	TOFM	TAY ONE PE	Obj
A T. A	Clinic/I	Ooctor Informa	tion
me of Doctor/Nurse			
me of Doctor/Nurse nature			



Routine Health Check Ups at Regular Intervals (7 – 17) years

CHILD HEALTH & DEV ELOPMENT PASSPORT

Age	Date	Blood Pressure, Vision, & Hearing Evaluations	Menarche/Age of Secondary Sexual	Problems, Diagnoses, Laboratory and	Health Professional's	Sig
			Characteristics	Other Findings	Advice and Comments	
			<i>y</i>)
	-0	((0))		- Ja.	W Train V - W	ķ.
					The same of the sa	
						3 3,
	H					
	7			平成/主		
	4.7			47		
	1		A.	14		
	- 5u1	OLIVAY ONE LEDA		- Sur o	MANY ONE PEOPL	123 113
				Ī		
			~			



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
		para de	A Property of	
				U.
	16	CLAN	1.7	
19.	18 . All	11877	A VIET	1372

Allergies	Date	Age	Severity	Remarks
and the same				
****			511	4.27
	BA.E.		N-35	17.7
l Am			-	3 (

Hospitalisation - Reason	Date	Age	Severity	Remarks

Surgeries	Date	Age	Severity	Remarks
a a constant of the constant o				

Reaction to Medication Antibiotics Blood Transfusion	Date	Age	Severity	Remarks
(5)	14	((8)	7	
	700	1- 3	1	
		Parent I	9	
2.45%	112110		ESC SE	7/10/7

Accidents & Fractures	Date	Age	Severity	Remarks
aut (DF 1719	NY-	ONE PE	Op, E
	3.		K.,	



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 ssyllables 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 portraites	
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	



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			((0)		
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...

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

Schedule for School Medicals

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

Sequence #

	Quick Reference		Recommended Ages Vaccines Should Be Given	nded Age	s Vaccine	s Should	Be Given	
	SCHEDULE	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
Diseas	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 (For in	For entry to Pre-School/Basic School the above vaccines are required (For infants in Nurseries Day Cares check based on age of child)	ol/Basic Sch eries Day Ca	chool the above vaccines are requir	vaccines ar	e required of child)	

For entry to Primary/Preparatory School ALL the above vaccines and required

	ith your	with your Community Health Aide, Nurse or Doctor. All entries should be dated and signed.	r Doctor. All entries should be da	ld like to discu ated and signed
EMINY, ONE PEOPLE		Observations/Thoughts/Questions	Advice of Treatment Given (if Any)	Signature
NY ONE PEOPLE		F. M.		
OT LE PEOPLE				
		E. PE		

Date Observations/Thoughts/Questions Advice or Treatment Given (If Any) Signature	his page is food can keep vith your Col	Inis 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.	hts and/or questions that you woo	ald like to discus lated and signed
	Dafe	Observations/Thoughts/Questions		Signature
E MAY ONE LEONE				
INY ONE REOLE				

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. Signature Advice or Treatment Given (If Any) Observations/Thoughts/Questions Dafe 80

Sequence #

	ormation or	Primary care giver at this address					,		
	ddress, Contact Inf	New email							
ion	nge in the child's A	New Phone #							
Change of contact information	This page is for you to record any change in the child's Address, Contact Information or Primary Care Giver.	New Address	OF.	MAN	NE I	ZEO,			
Change	This page Primary C	Dafe							

Motes ...

Sequence #

				.0.3 .0.3										
Other Health Facilities Visited	Date Visited	r Parents	Email or Website	www.jamaicafirebrigade www.jamaicafirebrigade	www.jct.gov.jm www.carpin.org	Email or Website	www.naciamaica.com	www.cda.gov.jm	www.ecc.gov.jm			www.moe.gov.jm www.moh.gov.jm	ocrjamaica@yahoo.com	www.rgd.gov.jm
		acts & Resources fo	Telephone		977-777 1-888-POISONS		1-888-991-4444		922-9296 / 922-6	977-0189	929-7720 / 754-4757	876-9	967-5	922-8001-13 984-3041 1-888-743-2273
OUT OF MANAGEMENTS		Emergency Cont	Name	Fire Ambulance	Caribbean Poison Information Network	Name	AIDS/S11 Helpline	Child Guidance Services	Early Childhood Commission Jamaica Association for the Deaf	McCAM Child Care and Development Centre	Mico CARE Ministry of Education	Ministry of Heallth	Office of the Children's Advocate Office of the Children's Registry	Registrar General's Department