

Personal Data

Child's name _____ Registration number _____
 Parents' name _____ Phone _____
 Address _____
 Gaurdian's name _____ Phone _____
 Address _____
 Doctor/Health Facility _____ Phone _____

Birth Information
 Date of Birth _____ Place of Birth _____ Birth Rank _____
(dd/mm/yyyy)
 Pre-term Full Term Post Term
 Measurements at Birth: Weight _____ kg Length _____ cm Circ. of Head _____ cm
 Type of birth: Normal LSCS Other (specify) _____
 Apgar score:
 Adverse Events _____
 Number of siblings: _____ Date of birth of younger sibling _____

Landmarks of Development		
Normal Age Range	Milestones	Age Achieve
1 - 2 months	Smiles and Coos	
3 -6 months	Balances head	
5 - 8 months	First tooth	
5 - 11 months	Sits without support	
7-12 months	Says mama, dada	
12-15 months	Walk without support	
15 months	Able to speak 4 - 5 single words with verb	
24 - 36 months	Toilet trained	
4-5 years	Buttons, unbuttons and laces shoes	

Immunization Schedule (EPI)

Recommended Age & Doses	Type of Vaccine	Date of Immunization	Make	Batch #	Signature of health worker	Comment
At Birth or by 2 Months / 8 Weeks	BCG					
	OPV or IPV					
	Hib+HepB+DPT(Penta)					
2 Months / 8 Weeks 1 st Dose	Pneumoccal Vaccine (PCV - 13)					
	Rotavirus (Rotateq)					
4 Months / 16 Weeks 2 nd Dose	OPV or IPV					
	Hib+HepB+DPT (Penta)					
	Pneumoccal Vaccine(PCV - 13)					
	Rotavirus (Rotateq)					
6 Months or 24 Weeks 3 rd Dose	OPV or IPV					
	Hib+HepB+DPT(Penta)					
	Pneumoccal Vaccine (PCV - 13)					
	Rotavirus (Rotateq)					
12 Months / 1 Year	Yellow Fever (YF)					
	MMR					
Key:	BCG = Bacille Calmette Guerin; OPV = Oral Polio Vaccine; IPV = Inactivated Polio Vaccine; Pentavalent Vaccine = Hib + HepB + DPT;					
	Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diphtheria, Pertussis, Tetanus Toxoid; DT = Diphtheria, Tetanus Toxoid;					
	MMR = Measles, Mumps, Rubella; PCV -13 = Pneumoccal Conjugative Vaccine.					

Immunization Schedule (EPI)

BOOSTER DOSES						
Recommended Age & Doses	Type of Vaccine	Date of Immunization	Make	Batch #	Signature of health worker	Comment
18 Months / 1 Year 6 Months 1 st Booster	OPV or IPV					
	DPT					
45 Months / 3 Years 9 Months 2nd Booster	OPV or IPV					
	DPT					
	MMR					
15 Years & over	(DT)					
Other						
Key:	BCG = Bacille Calmette Guerin; OPV = Oral Polio Vaccine; IPV = Inactivated Polio Vaccine; Pentavalent Vaccine = Hib + HepB + DPT;					
	Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diphtheria, Pertussis, Tetanus Toxoid; DT = Diphtheria, Tetanus Toxoid;					
	MMR = Measles, Mumps, Rubella; PCV -13 = Pneumococcal Conjugative Vaccine.					

Allergies

Age	Allergy (Foods & Others)	Reaction	Advice / Referral

De-worming (For Children 12 months and above)

Date	Treatment	Recommended by

Dental Health

Age at first visit to the dentist (Between ages 1 & 3 is a good time to start) _____

Tick reasons for referral where applicable

REASONS FOR REFERRAL

REASONS FOR REFERRAL	OCCURENCES
Delayed Eruption Age (9 months old and older)	<input type="checkbox"/>
Premature Eruption (before 4 months old)	<input type="checkbox"/>
Premature Loss of teeth (before 4 years old)	<input type="checkbox"/>
Crooked Teeth / Crowded Teeth	<input type="checkbox"/>
Abnormal Smile	<input type="checkbox"/>
Lack of Smile	<input type="checkbox"/>
Cleft Lip	<input type="checkbox"/>
Cleft Palate	<input type="checkbox"/>
Early Childhood Decay	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Severe Gum Bleeding or Swelling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Conditions in the shaded area of the table require immediate referral to a dental / maxillofacial surgeon.

Feeding Recommendations

Recommended foods for babies and children age 6 months and over

Your baby needs other foods and liquids in addition to breastmilk once she reaches 6 months of age. Here are some recommended foods.

- Staple foods give your baby energy. These foods include cereals (rice, bread, cornmeal, oatmeal, barley flour), roots (cassava, yam, and potato), and starchy fruits (plantain flour and breadfruit).
- Foods from animals: Liver, meat, chicken, fish, eggs, cheese and milk
- Green leafy and orange-coloured vegetables: carrots, pumpkin, spinach and calaloo
- Fruits: Banana, oranges, guava, pawpaw, mango
- Legumes: channa, black-eye peas, kidney beans
- Fats and Oils: Oils, margarine, butter, lard
- At each meal, feed your baby different foods from the groups above, together with the staple food. Start with one new food at a time. Wait 3 - 4 days to be sure she can tolerate the new food, before adding another food.



Recommendations for Feeding

Age of Child	In first 6 mths (180 days)	6 mths to 8 mths	9 mths to 11 mths	12 mths to 23 mths	24 mths to 5 yr
Frequency	Day & night	+	+	+	+ +
Type of foods	Breastfeed only	•Breast milk + •Soft, thick porridge made with milk •Well-mashed family foods •Mashed fruit or fruit juice	•Breast milk + •Soft, thick porridge made with milk •Finely chopped or mashed family foods •Mashed fruit or fruit juice between meals	•Breast milk + •A variety of foods including thick porridge •Chopped family foods and fruits	•A variety of family food and fruits
Amount of food to offer at each meal	Until baby comes off the breast	Begin with 2-3 tablespoons (Increase gradually to ½ bowl)	½ bowl	¾ - 1 bowl	1 bowl

The bowl shown in the bottom row of the feeding recommendations should be the same size as a ½ lb margarine container

- If the child is not breastfed, ask the health worker for suggestions on feeding him or her.
- If the child is sick, continue feeding and give more fluids (breastfeed more often).
- After illness encourage the child to eat more.

Key:	Meals e.g. Porridge or food from family pot (before adding seasoning)
	Snack e.g. Fruit, fruit juice, bread/roti with nut butter

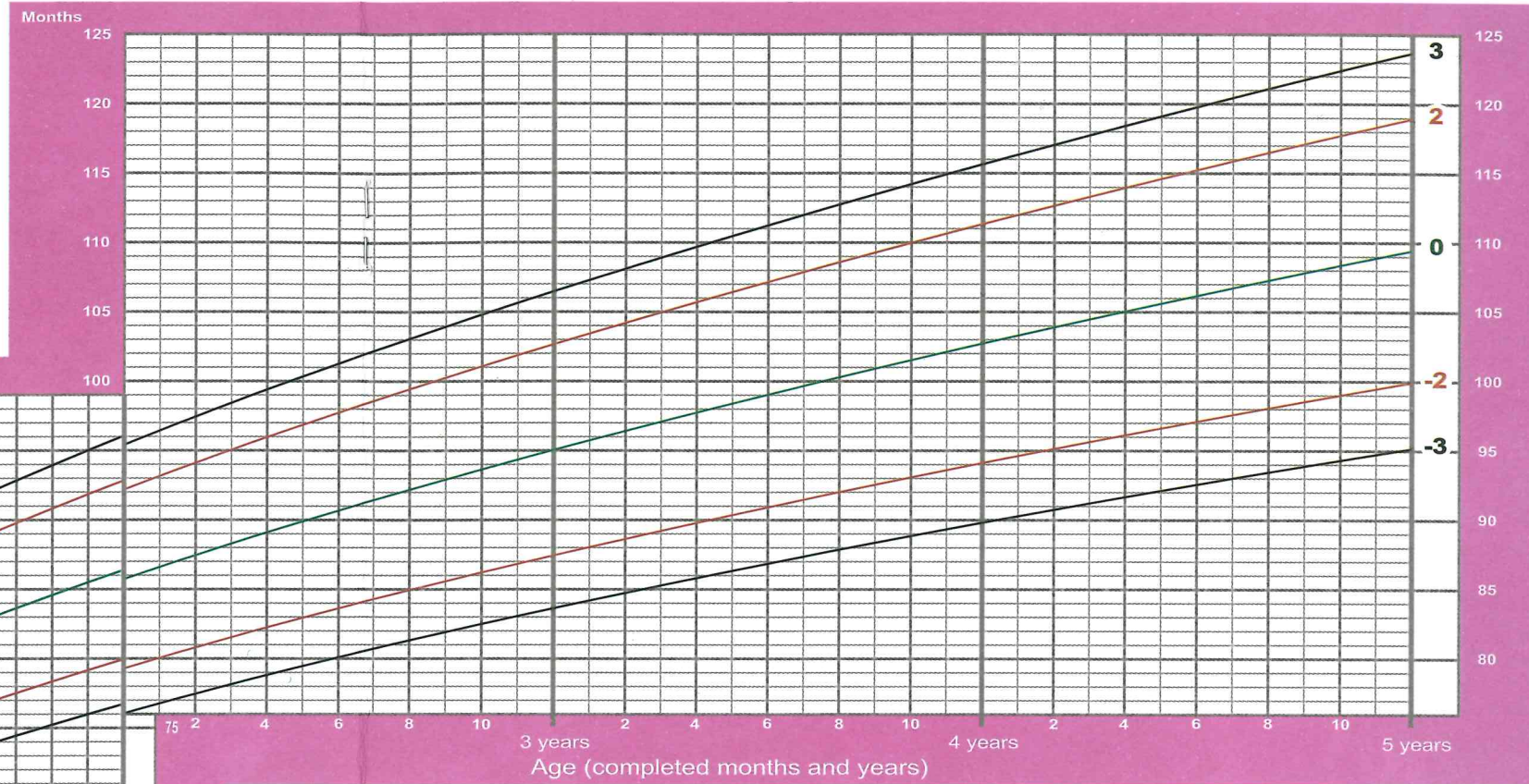
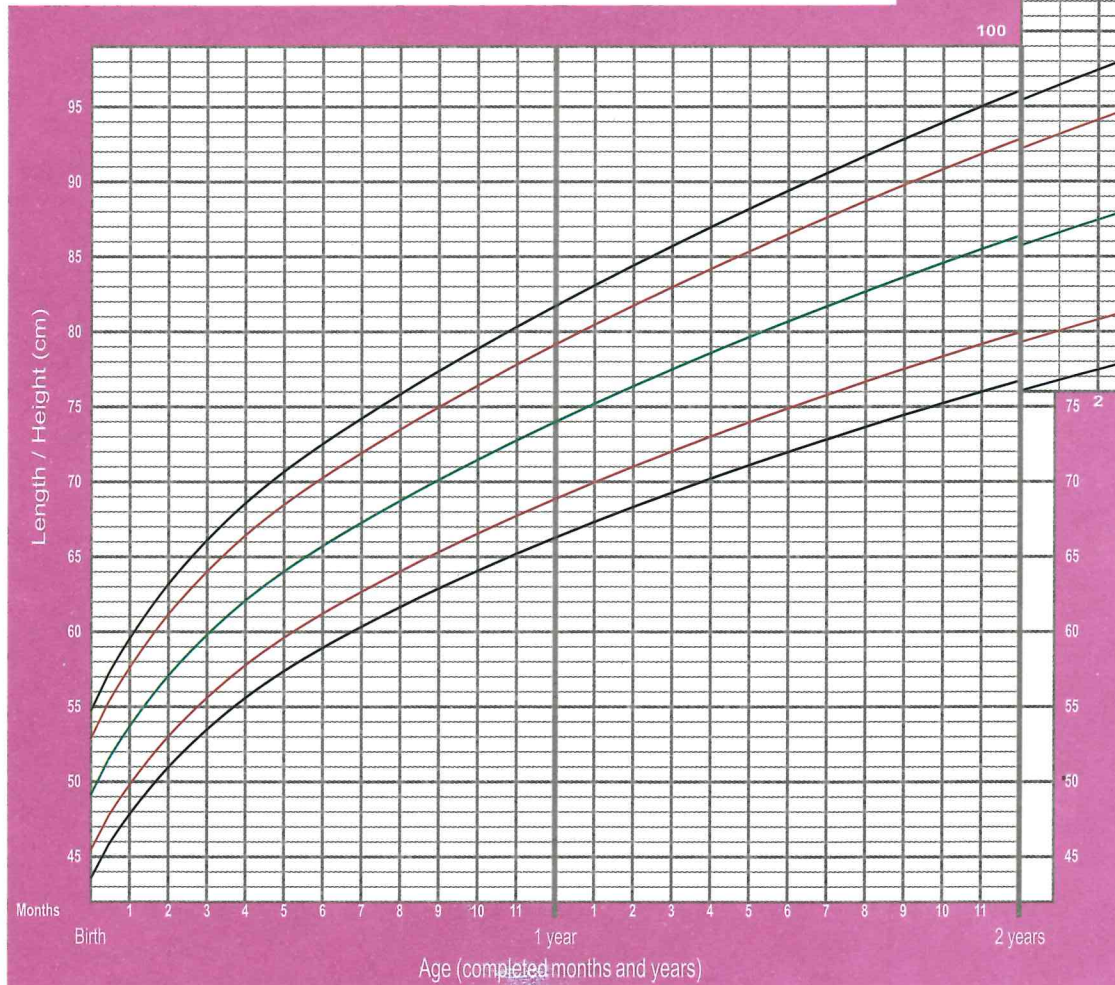
Understanding Your Child's Growth Chart

Length / Height for Age: Birth - 5 years (z - scores)

Name: _____

Date of Birth: _____

Birth Weight: _____ (kg) Length: _____ (cm)



WHO Child Growth Standards

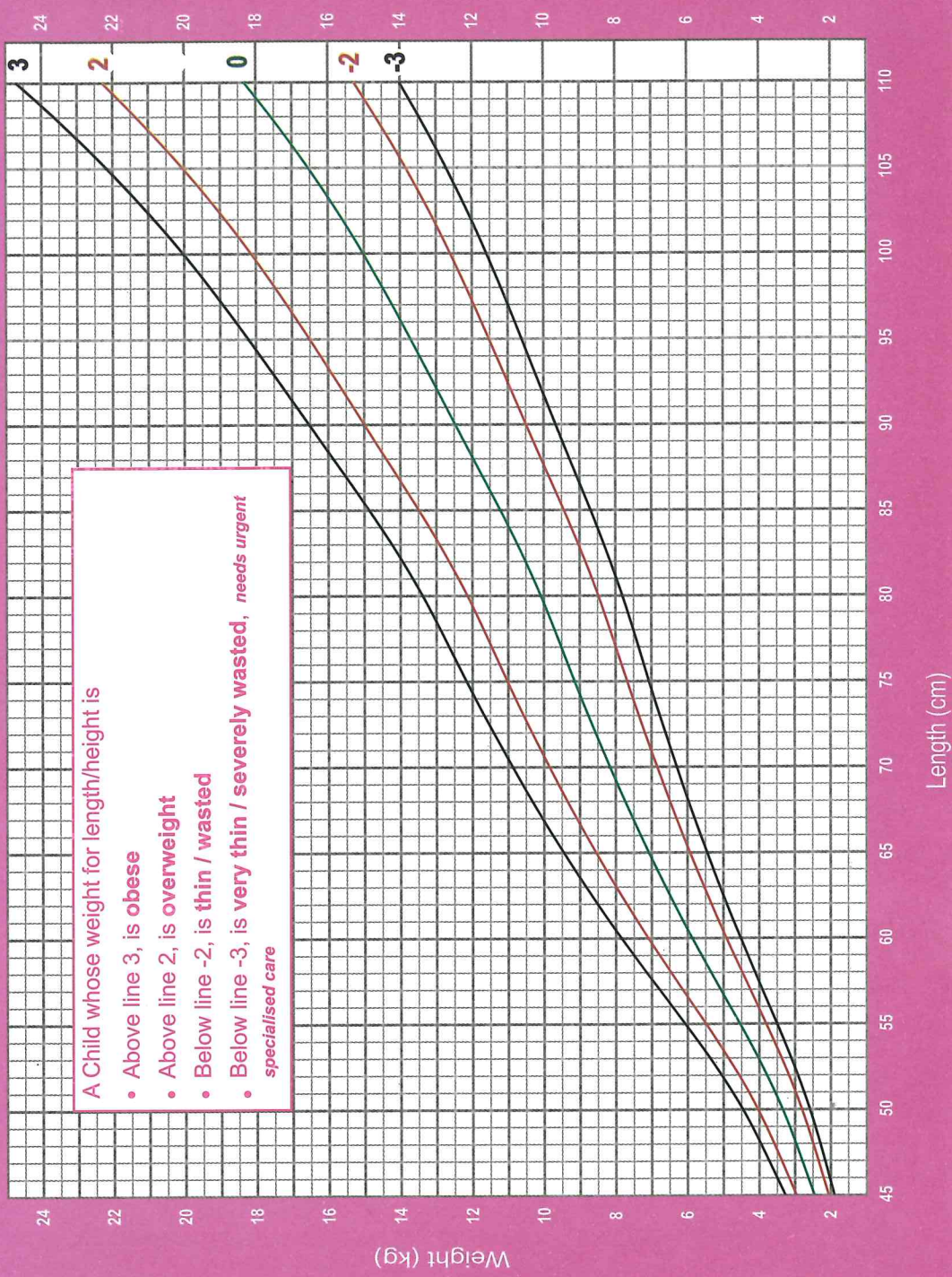
Let your child play, move around, see, touch and explore. It helps her to learn and develop.

A Child whose length/height for age is

- Below line -2, is **short / stunted**
- Below line -3, is **very short / severely stunted**

IADB

Weight-for-length GIRLS Birth to 2 years (z-scores)



Weight-for-Height GIRLS 2 to 5 years (z-scores)

