

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	BCG					
2 Months /						
8 Weeks						
2 Months /	OPV or IPV					
	Hib+HepB+DPT(Penta)					
	Pneumoccal Vaccine (PCV -13)					
	Rotavirus (Rotateq)					
8 Weeks						
1 st Dose						
4 Months /	OPV or IPV					
	Hib+HepB+DPT (Penta)					
	Pneumoccal Vaccine(PCV -13)					
	Rotavirus (Rotateq)					
16 Weeks						
2 nd Dose						
6 Months or	OPV or IPV					
	Hib+HepB+DPT(Penta)					
	Pneumoccal Vaccine (PCV -13)					
	Rotavirus (Rotateq)					
24 Weeks						
3 rd Dose						
12 Months /	Yellow Fever (YF)					
	MMR					
1 Year						
Key:	BCG = Bacile 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 he 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 he 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	<ul style="list-style-type: none"> • Breast milk + • Soft, thick porridge made with milk • Well- mashed family foods • Mashed fruit or fruit juice 	<ul style="list-style-type: none"> • Breast milk + • Soft, thick porridge made with milk • Finely chopped or mashed family foods • Mashed fruit or fruit juice between meals 	<ul style="list-style-type: none"> • Breast milk + • A variety of foods including thick porridge • Chopped family foods and fruits 	<ul style="list-style-type: none"> • 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

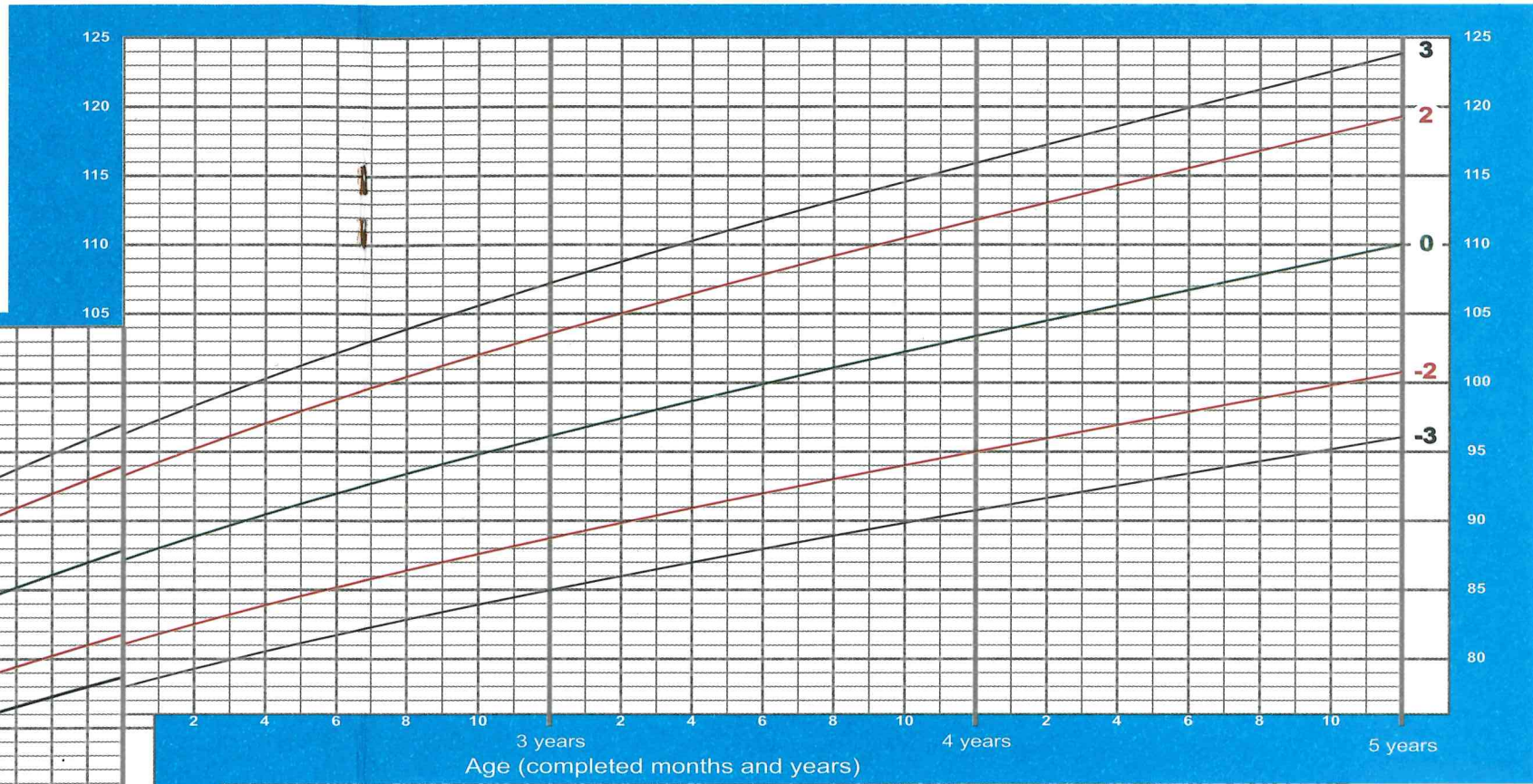
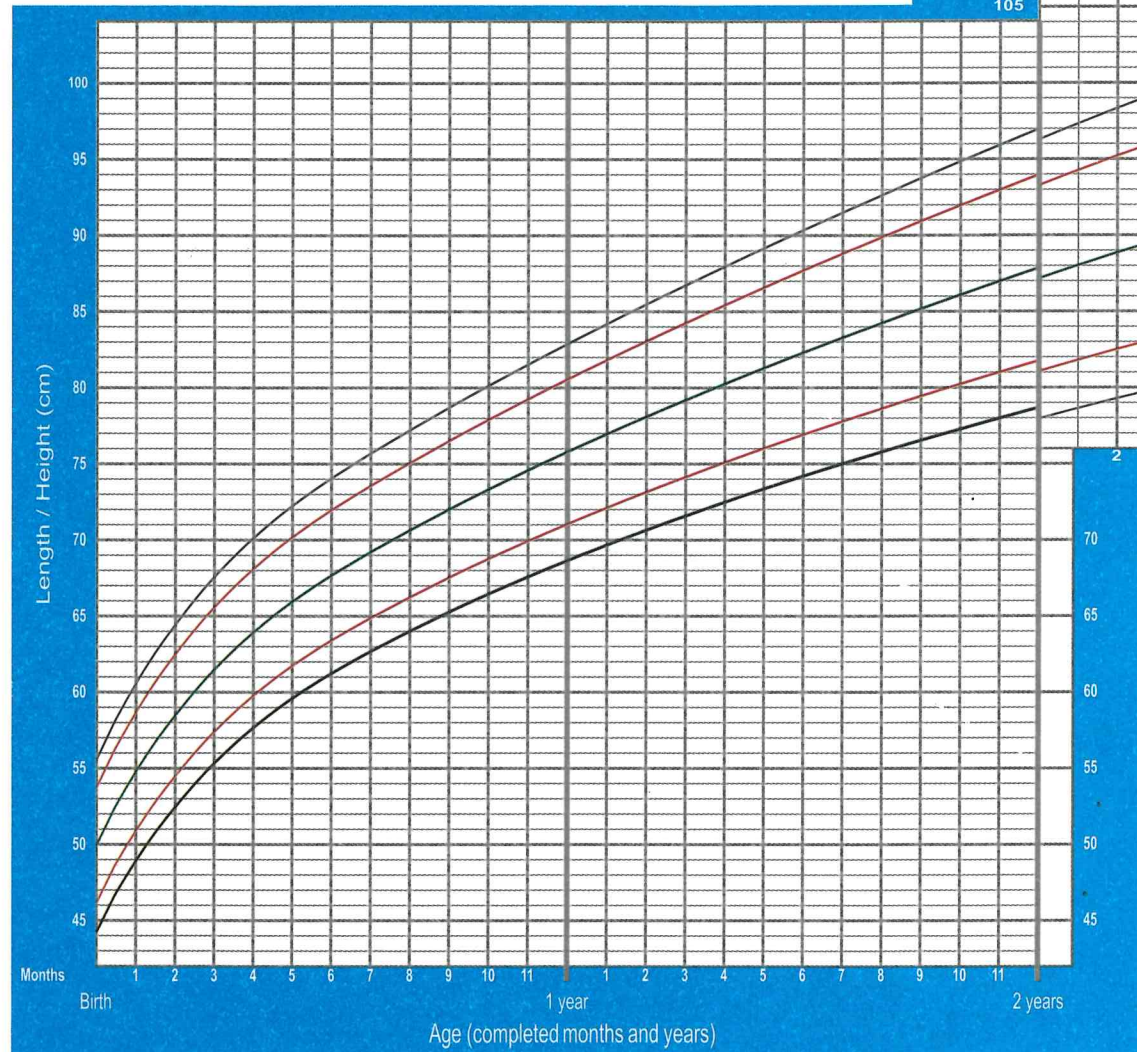
Understanding Your Child's Growth Chart

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

Name: _____

Date of Birth: _____
(dd/mm/yyyy)

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



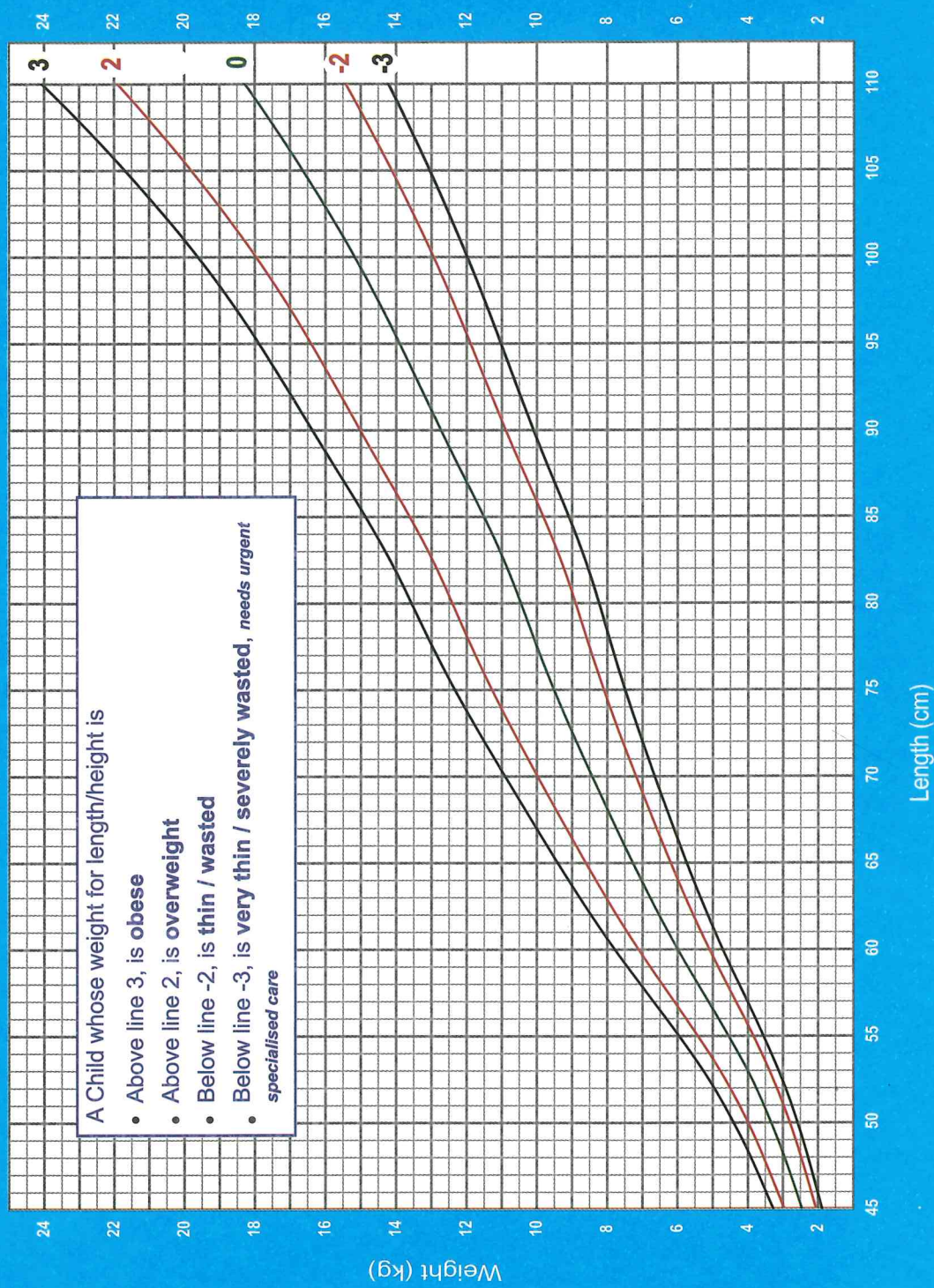
WHO Child Growth Standards

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

A Child whose length/height for age is

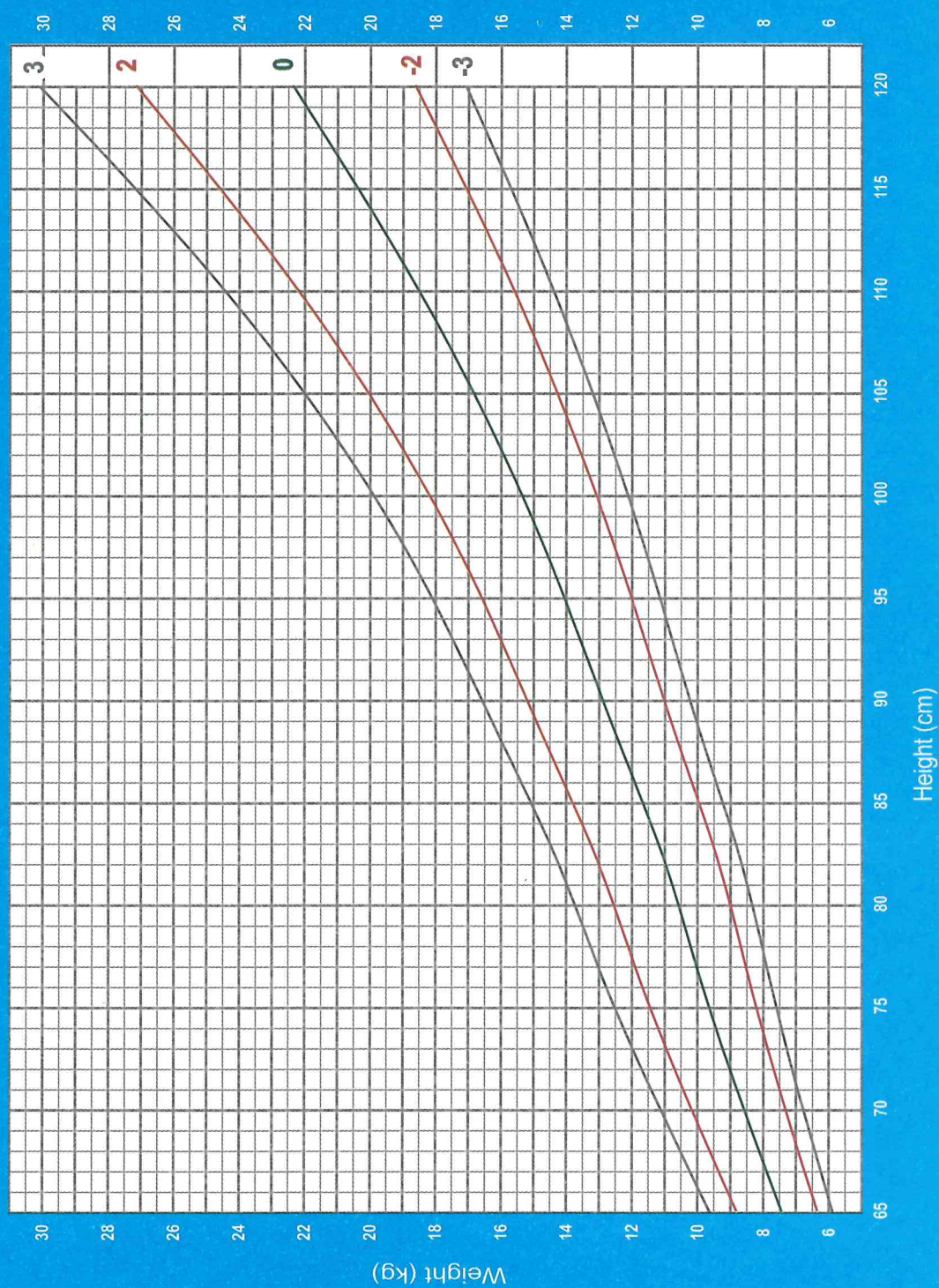
- Below line -2, is **short / stunted**
- Below line -3, is **very short / severely stunted**

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



WHO Child Growth Standards

Weight-for-height BOYS 2 to 5 years (z-scores)



WHO Child Growth Standards

