Minichry						Date of referral
Ministry of Hoalth Granada						Symptoms/Illness/Injury
						Date treated
						Management (including Medication)
2						Health Worker / Facility

					S	ETT	nd Refe	Childhood Illnesses and Referrals		000	Childh
								X did not keep appointment	x did	ent	 kept appointment
								0.0			
Health Worker' Signature	×	<	Date of next visit	Health Worker's Signature	×	<	Date of next visit	Health Worker's Signature	×	<	Date of next visit

GRENADA



Child Health Take Home Record

Name and Address of Child	:		

BOY

KEEP THIS RECORD IN A SAFE PLACE

- This is a Record of your Child's health. Take it with you whenever you attend a clinic, hospital, doctor or dentist.
- You will need this card to register your child in pre-school, primary, and secondary schools, and at college/ university.

Personal Data

Parent's name:	
Address:	
Address:	
Health Centre:	
Birth Information:	
Date of Birth: Place of Birth:_	Birth Rank:
Pre-term Full Term Po	
Measurements at Birth: Weight(kg) Length(cm) HeadCirc(cm)
Type of birth: Normal LSCS	Other (specify)
Apgar score:	
Significant Health-related Problems:	
Number of ethiness	hinth of vouncest sibling:
Date of	birth of youngest sibling:
ge at first visit to the dentist (Between ages 1-3	vears is a good time to start)
	OR REFERRAL
REASONS FOR THE PROPERTY OF T	
	OR REFERRAL
DENTAL CONDITIONS	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old Early loss of teeth before 4 years old	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old Early loss of teeth before 4 years old Crooked Teeth / Crowded Teeth	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old Early loss of teeth before 4 years old Crooked Teeth / Crowded Teeth Abnormal Smile	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old Early loss of teeth before 4 years old Crooked Teeth / Crowded Teeth Abnormal Smile ack of Smile	OR REFERRAL
DENTAL CONDITIONS No teeth present by 9 months old Teeth present before 4 months old Early loss of teeth before 4 years old Crooked Teeth / Crowded Teeth Abnormal Smile Cack of Smile	OR REFERRAL

Visit Notes: Your Child's Growth and eating pattern

Date of Visit	Age at visit 0-5 Years	Weight kg	Length cm	Concerns & Recommendations
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	7			
	-			
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			~	
	-			

If the child is less than 1 month, record age in <u>completed weeks</u>. If the child is between 1 month and 1 year, record age in <u>completed months</u>. If the child is more than 1 year old, record age in <u>completed years and months</u>.

Visit Notes: Your Child's Growth and eating pattern

Date of Visit	Age at visit 0-5 Years	Weight kg	Length cm	Hb (g/dl)	Concerns & Recommendations
		-			
Í				\vdash	
10					
					

[✓] If the child is less than 1 month, record age in <u>completed weeks</u>. If the child is between 1 month and 1 year, record age in <u>completed months</u>. If the child is more than 1 year old, record age in <u>completed years and months</u>.

IMMUNIZATION SCHEDULE (EPI)

At Birth	Recommended Doses	Type of Vaccine	Batch No/ Lot No.	Manuracturer	Date of Immunization	Signature of Person giving Vaccine	Comment
1" Dose		BCG					
Hib	At Birth		-				
OVP/IPV		DPT/DTaP			***************************************		
OVP/IPV	1st Dose	Hib					
Hep B							
DPT/DTaP		THE RESIDENCE OF THE PARTY OF T					
Hib							
Hilb		DPT/DTaP					
A Months OVP/IPV Hep B	2 rd Dose						
Hep B			1				
DPT/DTaP			1				
Hib							
Company		DPT/DTaP					
Hep B		Hib					
MMR Varicella "Booster (12 Months) The Booster (18 months) DT/DTaP OVP/IPV 2nd Booster 41/2- 5 years DT/DTaP OPV MMR 3rd Booster 15 Years & over Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophillus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid		OVP/IPV					
MMR Varicella **Booster** (18 months) **Dose** **DT/DTaP** OVP/IPV **DOSE** **DT/DTaP** OVP/IPV **DOSE** **DT/DTaP** OPV MMR **DT/DTaP** OPV MMR **Jard Booster* 1" 4/1/2* 5 years **DT/DTaP** OPV MMR **Jard Booster* Other Vaccines **Jard Booster* Idd TdaP Varicella Meningococcal Other Vaccines **Key:** BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophillus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoi		Нер B				_	
Tose Varicella							
Tose Varicella		MMR					
BOOSTER DOSES	1 st Dose	Varicella					
BOOSTER DOSES 1" Booster (18 months) DT/DTaP OVP/IPV 2nd Booster 4½- 5years Td TdaP Varicella Meningococcal Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	(12 Months)	Variouna	1				
DT/DTaP OVP/IPV 2nd Booster 41/2- 5years DT/DTaP OPV MMR Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid							
DT/DTaP OVP/IPV 2nd Booster 41/2- 5years DT/DTaP OPV MMR Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid				BOOSTED DO	Deec		
OVP/IPV In Booster (18 months) DT/DTaP OPV MMR Td Td Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid				BOOSTER DO	73E3		
2nd Booster 4½- 5years DT/DTaP OPV MMR Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid		The state of the s					
DT/DTaP OPV MMR Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	1 st Booster	OVP/IPV	-				
2nd Booster 41/2- 5years MMR Td Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td=Tetanus Toxoid	(16 monus)		-				
2nd Booster 41/2- 5years MMR Td Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td=Tetanus Toxoid		DT/DTaP					
MMR Td Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	2nd Rooster						
Td TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	41/ ₂ - 5years						
TdaP Varicella Meningococcal Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td=Tetanus Toxoid		IVIIVIIX					
Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid		Td					
Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	3rd Booster						
Other Vaccines BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	15 Years & over						
Key: BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid		Meningococcal	-				
Key: BCG = Bacile Calmette Guerin; OPV = Oral Polio Vaccine; Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid							
Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	Other Vaccines						
Hib = Haemophilus Influenza Type B; HepB = Hepatitis B; DPT = Diptheria, Pertussis, Tetanus Toxoid; DT = Diptheria, Td= Tetanus Toxoid	Key:	BCG = Bacile Calmett	e Guerin; OPV = O	ral Polio Vaccine;			
MMR = Measles Mumps Ruhella		Hib = Haemophilus Infl	uenza Type B; Hep	B = Hepatitis B; DPT	= Diptheria, Pertussis	, Tetanus Toxoid; DT =	Diptheria, Td= Tetanus Toxoid;
THE PROPERTY OF THE PROPERTY O		MMR = Measles Mum	ns. Ruhella.				

DEVELOPMENTAL SCREENING CHECKLIST

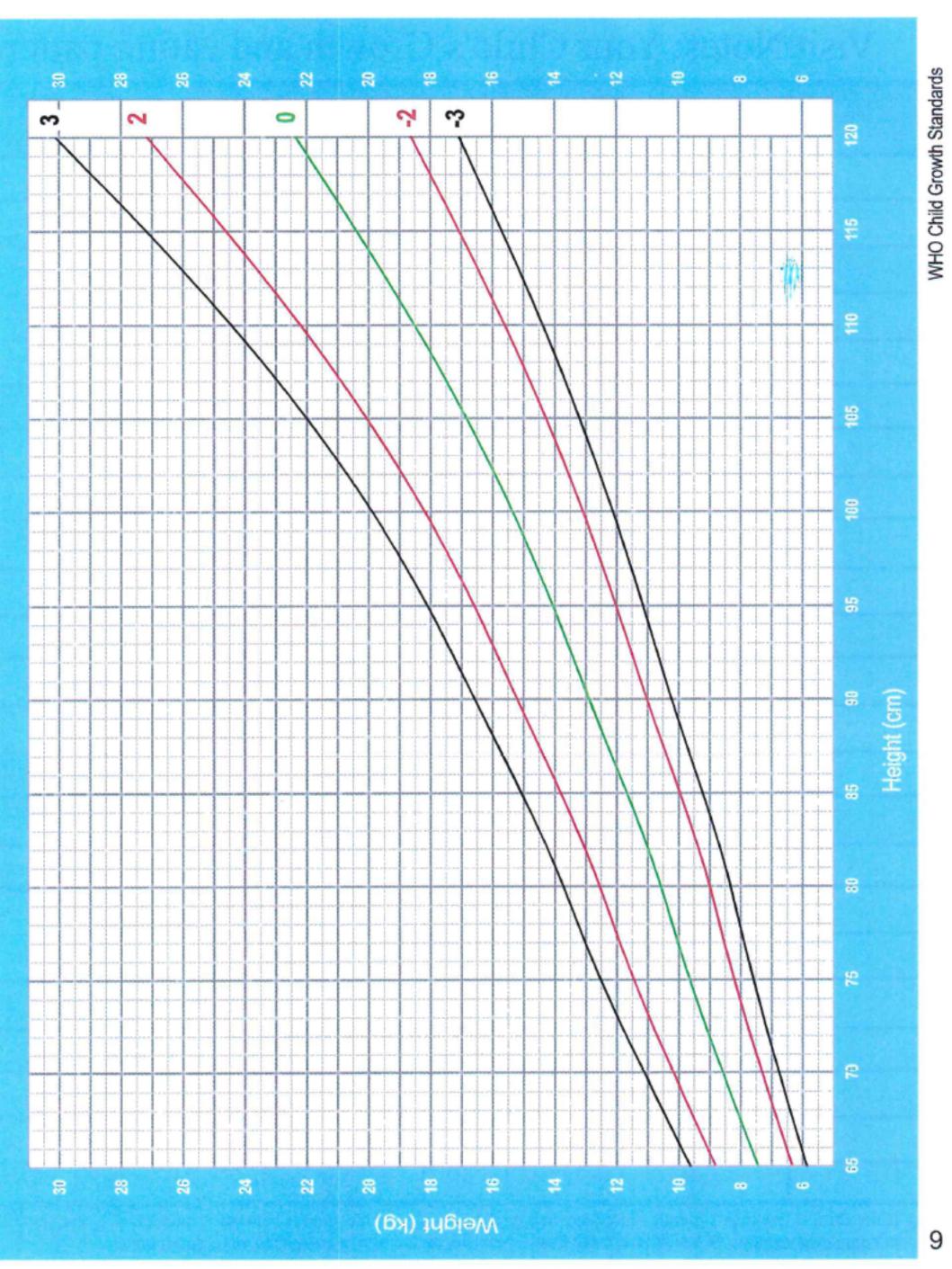
Age	Gross Motor	otor	Age	Fine Motor Vision	ంగ్ర	Age	Hearing 8 Speech	alf.	Age	Social Behaviour & Play	viour	Age
6 Weeks-2 Months	Moids head up when lying down	0[]		Follows objects side to side with gaze	0[]		Listens to rattle 6" away at ear level	0[]		Gazes at your face	0[]	
4 Months	Lifts head and chest up when lying on stomach	0[]		Puts hands together and plays with them	0[]		Coos gurgles and squeals	0[]		Returns your smile	0[]	
6 Months	Bears weight on feet when held under arms	0[]		Reaches out to grasp	110		Babbles	0[]		Puts every- thing in mouth	0[]	
9 Months	Sits without support/crawls on hands and knees	0[]		Passes toy from hand to hand (transfers)	0[]		Shouts for attention	0[]		Finger feeds self	0[] H[]	
12 Months	Pulls to stand and walks alone holding on	0[]		Points with index finger	0[]		Speaks three words(other than ma da da) with meaning	0[]		Waves "bye bye"	0[]	
				Picks up small objects between thumb and forefinger	0 []					Drinks from cup	0[] H[]	
15 Months	Walks alone	0 H		Places one object on top of another	0 1 1 1		Speaks 4-5 clear words	0 0 H		Shows shoes	0 1 1 1	
18 Months	Climbs onto chairs	0 H		Turns pages	0 H		Points to eyes, nose and mouth	0 H		Takes off shoes and socks	0 1 1 1	
24 Months	Runs	0 H		Recognizes details in picture book	0 H		Says own name	0 1 1 1		Takes off clothes	0 H	
	Climbs stairs	0 H		Copies vertical line	0 H		Speaks 2 or 3 word phrases	0 H		Shows or tells what he/she wants	0 H	
36 Months	Kicks ball forward	0 H		Scribbles using fingers instead of fist	0 1 1 1		Names a friend	0 [] H []		Dresses self but cannot do buttons	0 [] H	
	Jumps with both feet off the ground	0 H		Holds pencil in writing position	0 H		Points at and names 6 body parts	0[] H[]		Washes and dries hands	0 H	
48 Months	Stand on one foot and balances self	0 H		Copies circles and cross	0 H		Listens	0 H		Shares, follows rules and takes turns when playing	0[] H[]	
	Throws ball over hand	0 1 1 1		Unbutton	0 H		Counts up to 10	0 H			0 H	

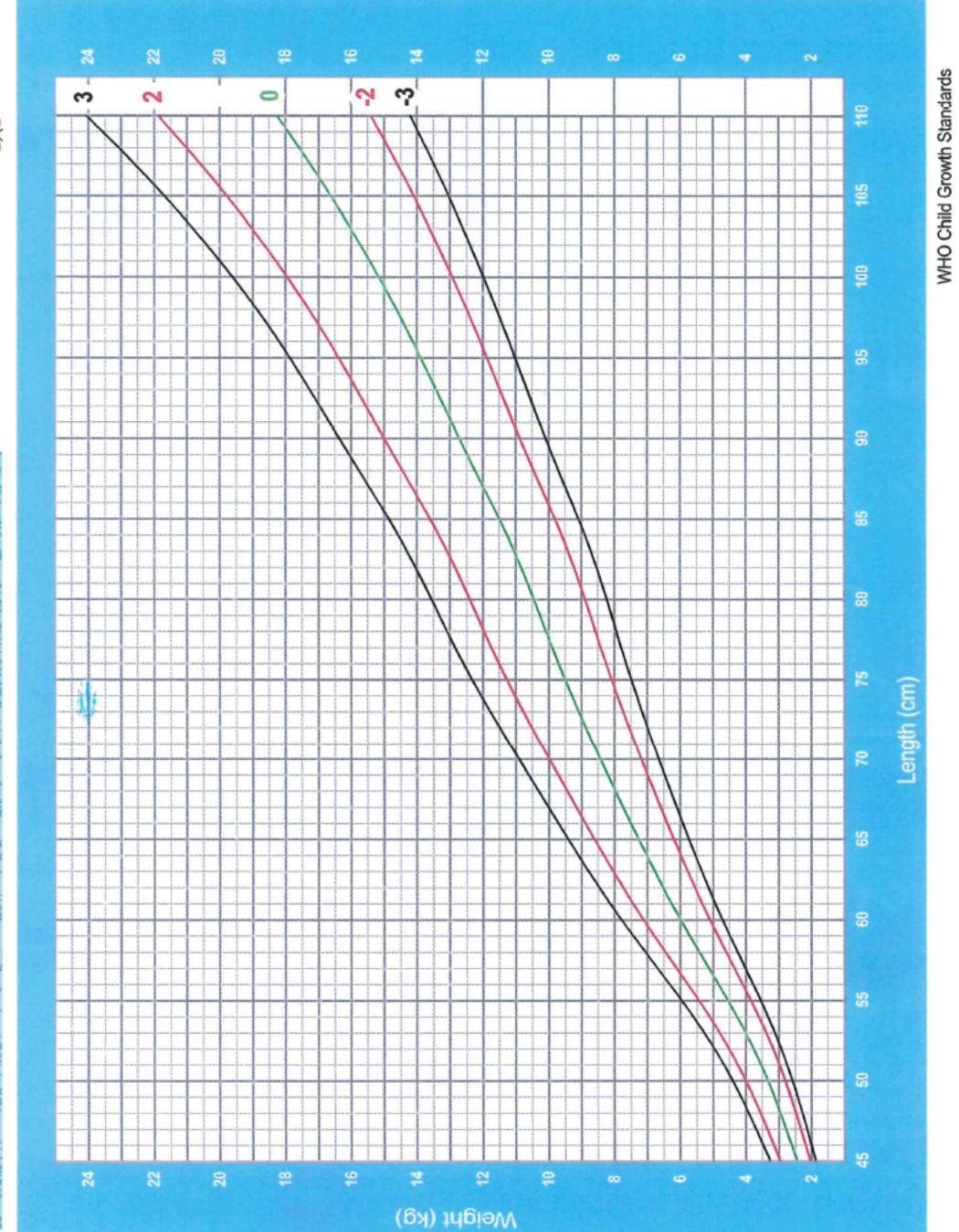
0 = Observed H = History

Weight-for-height BOY 2to

2 to 5 years (z-scores)



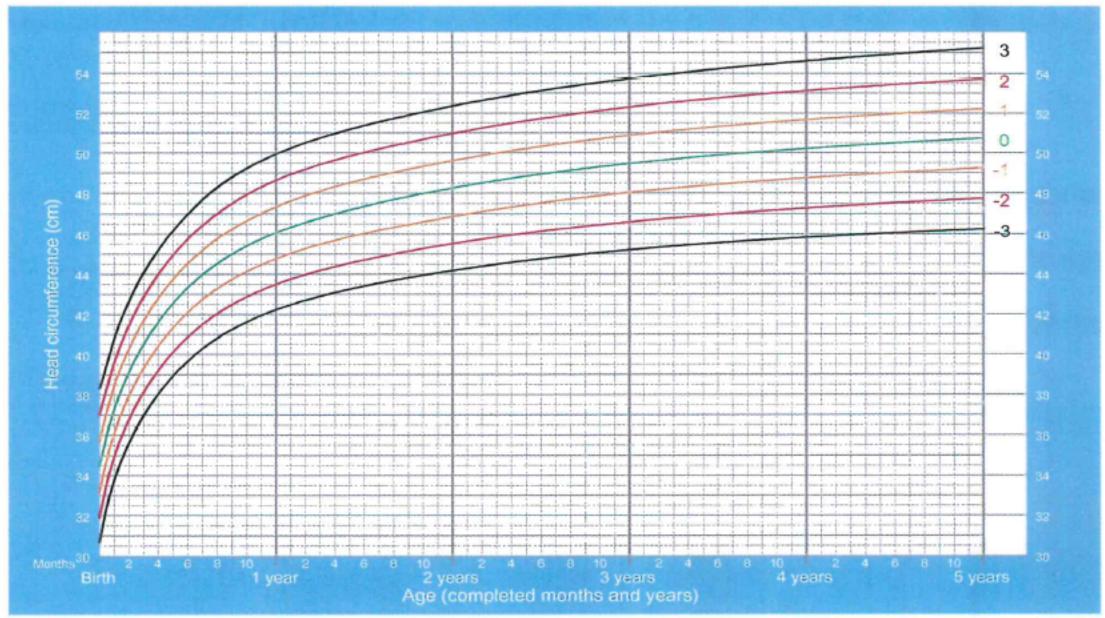




Head circumference-for-age BOYS

Birth to 5 years (z-scores)



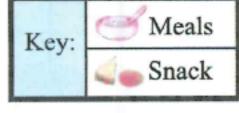


WHO Child Growth Standards

Recommendations for Feeding

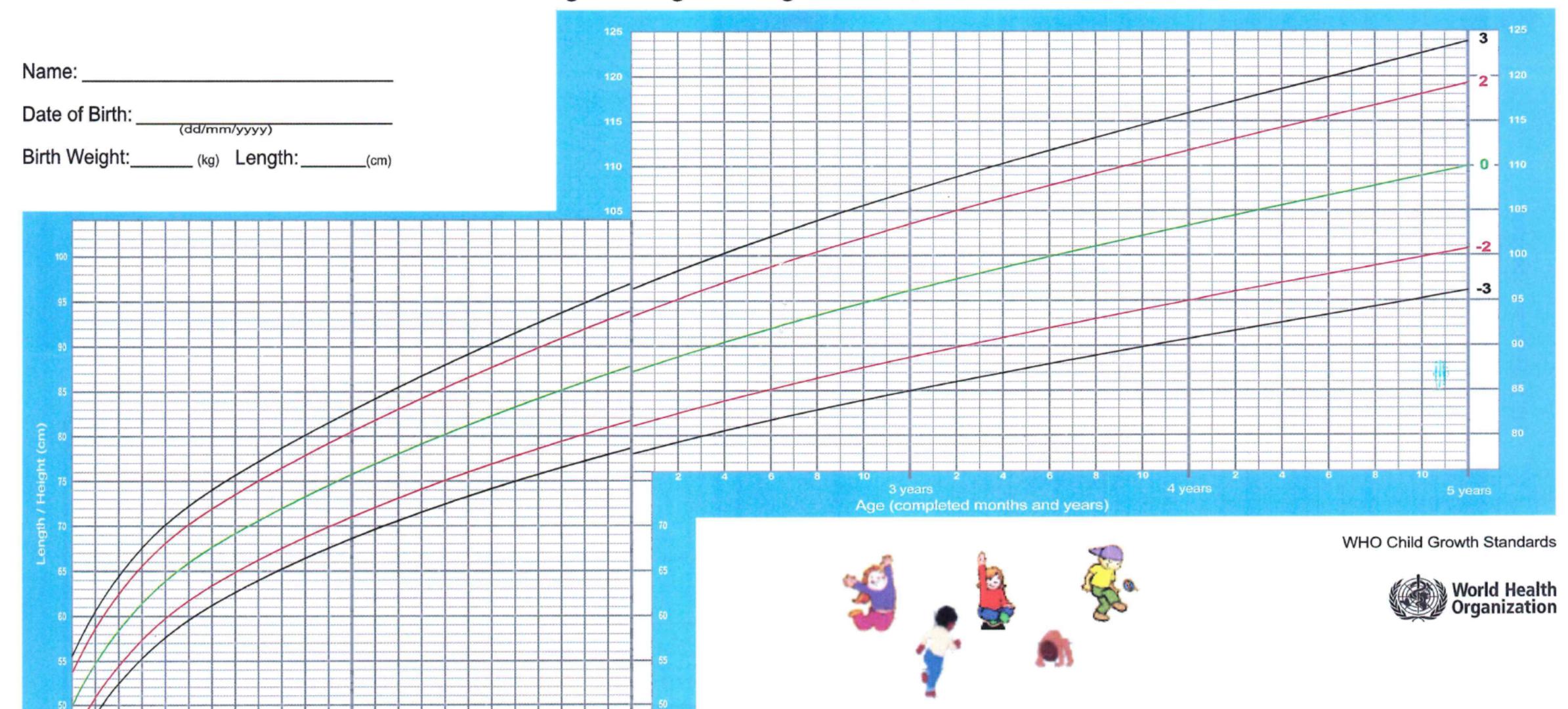
Age of Child	In first 6 mths (180 days)	6 mths to 8 mths	9 mths to 11 mths	12 mths to 23 mths	24 mths to 5 yr
Frequency	Day & Day	4 = 3			2+ 3+ 9
		If needed add:	If needed add:	If needed add:	0
Type of foods	Breastmilk only	Breast milk + Soft, thick porridge made with milk Well- mashed family foods Mashed fruit between meals	Breast milk + Soft, thick porridge made with milk Finely chopped or mashed family foods Mashed fruit between meals	*Breast milk + *A variety of foods including thick porridge chopped family foods and fruits	•A variety of family foods and fruits
Amount of food to offer at each meal	Until baby comes off the breast	Begin with 2-3 tablespoons	½ bowl (250ml)	3/4 - 1 bowl(250ml)	1 bowl (250ml)
	1	(Increase gradually to ½ cup)			

- If the child is not breastfed, ask the health worker for suggestions on feeding him. Key:
- After illness encourage the child to eat more.



Understanding Your Child's Growth Chart – Boy

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



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

Age (completed months and years)