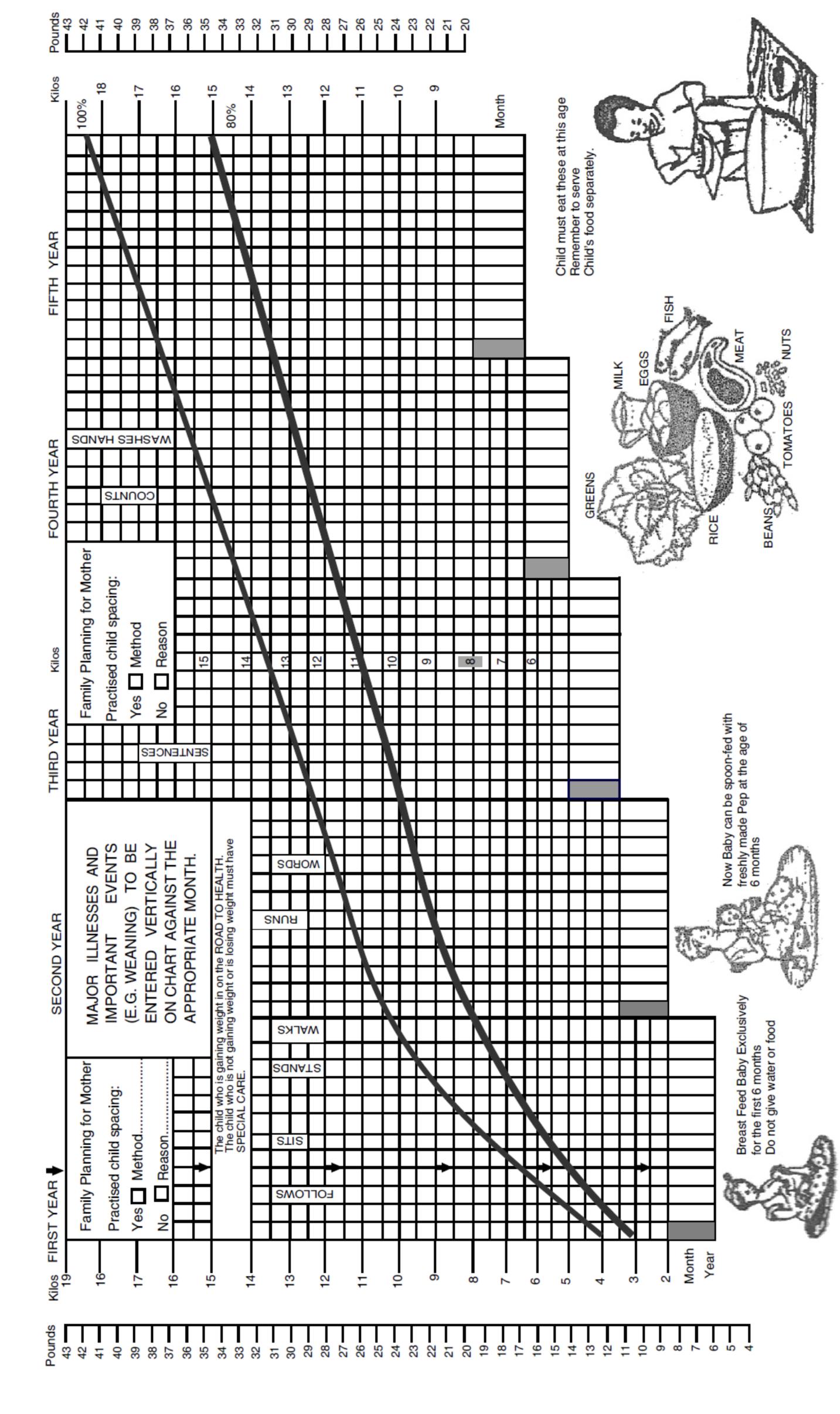
## ΥE IVE AND WEIGHT



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CHILD'S NUMBER	
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ate of Birth:	

A. PERSONAL Child's Name	HISTORY			
Child's maine		Data of Righ		
		Date of Birth:		
Mother's Name		Birth Registra		
Father's Name		Place of Deli	·	
Address / Nam	e of Village and Compound	Health Facilit	· <u>=</u>	
		BBA	TBA	
Γel:		Sex:		Birth Weight:
Welfare Clinic:		Date first See	en:	
3. IMMUNISA	TION RECORD:	DATE R	EQUIRED	DATE RECEIVED
	ULOSIS AND HEPATITIS IMMUNI			
BCG injection	(at birth or soon after)			
Date of recognizing	g BCG scar			
Hepatitis B	(at birth or soon after)			
	TIS IMMUNISATION			
Polio 0	(at birth or soon after)			
Polio 1	(at the age of 2 months)or soon after)			
Polio 2	(one month after second dose)			
Polio 3 Polio 4	(one month after third dose) (at the age of 9 months or later)			
Polio 4 Booster	(at the age of 9 months or later) (at the age of 18 months or later)			
PENTAVALENT				
PENTAVALENT Pentavalent 1	(at the age of 2 months or soon after)	(د		
Pentavalent 2	(one month after first injection)			
Pentavalent 3	(one month after second injection)			
DPT Booster	(one year after third injection)			
	CCAL CONJUGATE VACCINE IMI	MUNISATION		
Pneumo 1	(at the age of 2 months or soon after)			
Pneumo 2 Pneumo 3	(one month after first injection) (one month after second injection)			
ROTA IMMUNI				
Rota 1	( a literative areason ofter)			
	(at age of 2 Months or soon after)			
Rota 2	(one month after first dose)			
Rota 2 Rota 3	(one month after first dose) (one month after second dose)			
Rota 2 Rota 3 MEASLES IMI	(one month after first dose) (one month after second dose)  MUNIZATION			
Rota 2 Rota 3  MEASLES IMI Measles 1	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after)			
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)			
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION			
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION  (at the age of 9 months or soon after)			
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received	Mebendazole	Date Received	d Received LLIN
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months	1 <sup>st</sup> Dose at 12 mont	ths	d Received LLIN Date:
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,000 2nd Dose 200,000	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months  O IU at 12 months		ths	Date:
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months	1 <sup>st</sup> Dose at 12 mont 2 <sup>nd</sup> Dose at 18 mont 3 <sup>rd</sup> Dose at 24 mont	ths	Received LLIN
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months O IU at 24 months	1 <sup>st</sup> Dose at 12 mont 2 <sup>nd</sup> Dose at 18 mont 3 <sup>rd</sup> Dose at 24 mont 4 <sup>th</sup> Dose at 30 mont	ths	Date: Yes: No:
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months	1 <sup>st</sup> Dose at 12 mont 2 <sup>nd</sup> Dose at 18 mont 3 <sup>rd</sup> Dose at 24 mont 4 <sup>th</sup> Dose at 30 mont	thsths	Pate:    Yes:   No:
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00 5th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months O IU at 24 months	1 <sup>st</sup> Dose at 12 mont 2 <sup>nd</sup> Dose at 18 mont 3 <sup>rd</sup> Dose at 24 mont 4 <sup>th</sup> Dose at 30 mont 5 <sup>th</sup> Dose at 36 mont	thsthsths	Pate:  Yes: No:  (TT - MOTHERS ON Dose Date
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00 5th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months O IU at 24 months O IU at 30 months	1 <sup>st</sup> Dose at 12 mont 2 <sup>nd</sup> Dose at 18 mont 3 <sup>rd</sup> Dose at 24 mont 4 <sup>th</sup> Dose at 30 mont 5 <sup>th</sup> Dose at 36 mont 6 <sup>th</sup> Dose at 42 mont	ths ths ths ths ths ths ths ths	Pate:  Yes:  No:  (TT - MOTHERS ON  Dose Date  TT 1
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00 5th Dose 200,00 6th Dose 200,00 7th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months O IU at 24 months O IU at 30 months O IU at 36 months	1st Dose at 12 mont 2nd Dose at 18 mont 3rd Dose at 24 mont 4th Dose at 30 mont 5th Dose at 36 mont 6th Dose at 42 mont 7th Dose at 48 mont	ths ths ths ths ths ths ths ths ths	Pate:  Yes: No:  (TT - MOTHERS ON Dose Date
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00 5th Dose 200,00 5th Dose 200,00 6th Dose 200,00 7th Dose 200,00 8th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION  (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months  O IU at 12 months  O IU at 18 months  O IU at 30 months  O IU at 36 months  O IU at 36 months  O IU at 42 months	Dose at 12 mont  2 <sup>nd</sup> Dose at 18 mont  3 <sup>rd</sup> Dose at 24 mont  4 <sup>th</sup> Dose at 30 mont  5 <sup>th</sup> Dose at 36 mont  6 <sup>th</sup> Dose at 42 mont  7 <sup>th</sup> Dose at 48 mont  8 <sup>th</sup> Dose at 54 mont	ths	Pate:  Yes: No:  (TT - MOTHERS ON  Dose Date  TT 1
Rota 2 Rota 3  MEASLES IMI Measles 1 Measles 2  YELLOW FEVE Yellow Fever  Vitamin A  1st Dose 100,00 2nd Dose 200,00 3rd Dose 200,00 4th Dose 200,00 5th Dose 200,00 5th Dose 200,00 6th Dose 200,00	(one month after first dose) (one month after second dose)  MUNIZATION (at the age of 9 months or soon after) (at the age of 18 months or soon after)  ER IMMUNIZATION (at the age of 9 months or soon after)  Date Received  O IU at 6 months O IU at 12 months O IU at 18 months O IU at 24 months O IU at 30 months O IU at 36 months O IU at 42 months O IU at 42 months O IU at 42 months O IU at 48 months O IU at 48 months	Dose at 12 mont  2 <sup>nd</sup> Dose at 18 mont  3 <sup>rd</sup> Dose at 24 mont  4 <sup>th</sup> Dose at 30 mont  5 <sup>th</sup> Dose at 36 mont  6 <sup>th</sup> Dose at 42 mont  7 <sup>th</sup> Dose at 48 mont  8 <sup>th</sup> Dose at 54 mont	ths	Heceived LLIN  Date:  Yes: No:  (TT - MOTHERS ON  Dose Date  TT 1  TT 2

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## POST PARTUM EXAMINATION

1st Routine Post Partum Examination (1 week after delivery):

Wt: Eyes: Cord:	Mot	ther:	B.P:			Newborn:	Tempt:			
2 <sup>nd</sup> Routine Post Partum Examination (4 weeks after delivery):  Mother:  B.P: Newborn:  Tempt:  Wt: Eyes:  Temp:  Cord:  CHILD HEALTH VISITS			Wt:			•	Eyes:——			
2 <sup>nd</sup> Routine Post Partum Examination (4 weeks after delivery):  Mother: B.P: Newborn: Tempt:  Wt: Eyes:  Temp: Cord:  CHILD HEALTH VISITS			Temp: _				Cord:			
Mother: B.P: Newborn: Tempt: Eyes: Cord:  CHILD HEALTH VISITS			remp.							
Mother: B.P: Newborn: Tempt: Eyes: Cord:	and D		<u> </u>			<i>c.</i>				
Wt: Eyes:Cord:CORD HEALTH VISITS					-		_			
Cord: CHILD HEALTH VISITS	Mot	ther:	B.P:			. Newborn:				
CHILD HEALTH VISITS			Wt:			•	Eyes:			
			Temp: _			•	Cord:			
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## **CHILD HEALTH VISITS**

Date	Treatment Centre	Complaint, Treatment, referral	Investigation	Initials
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