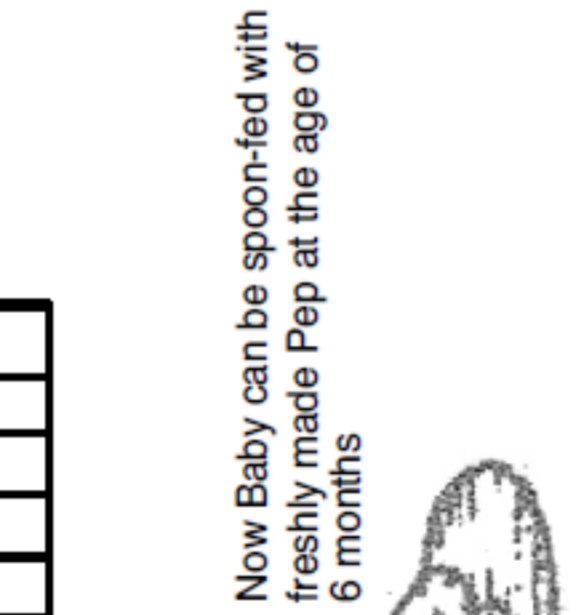
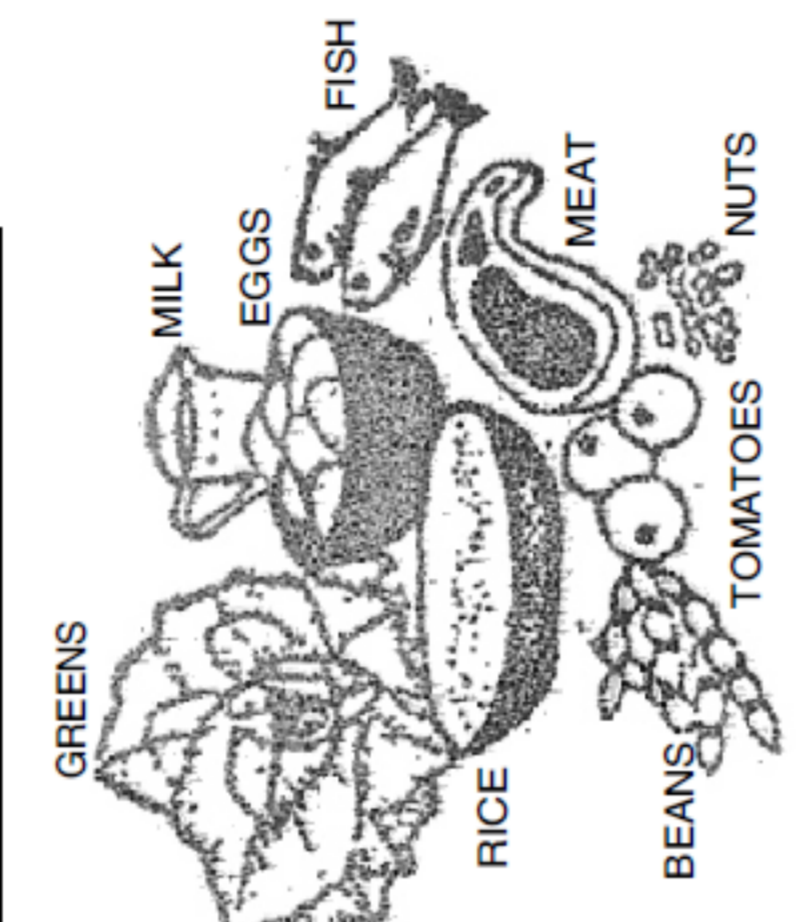
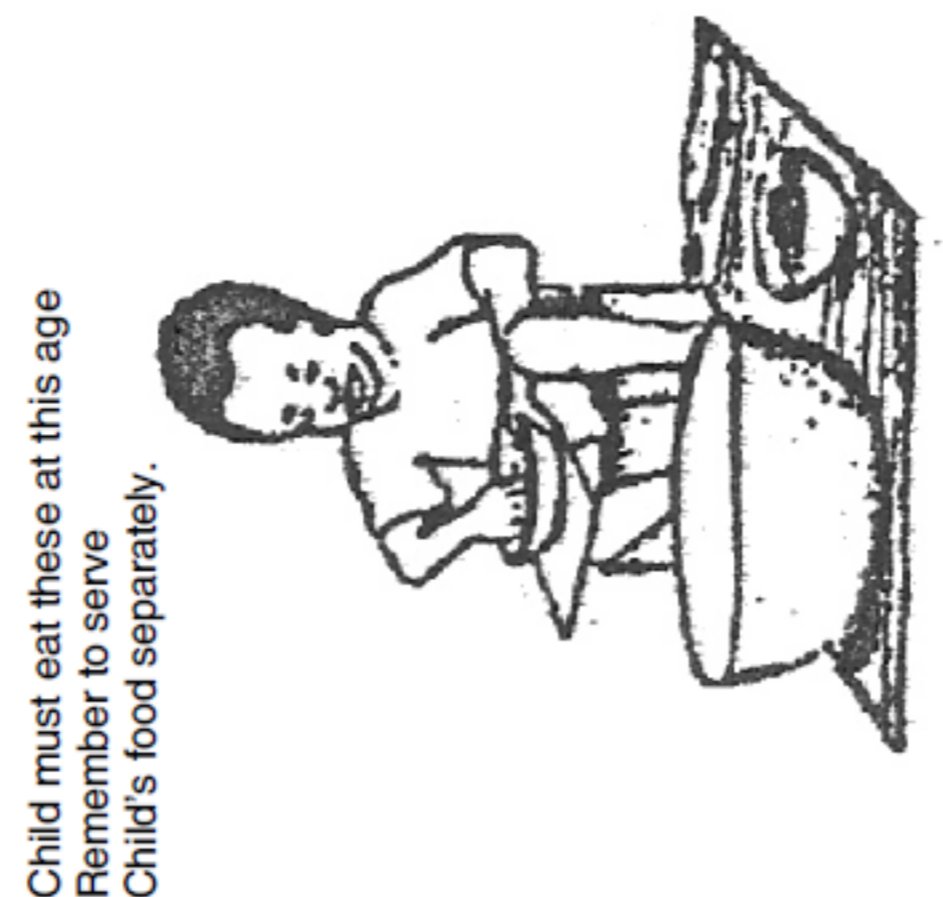
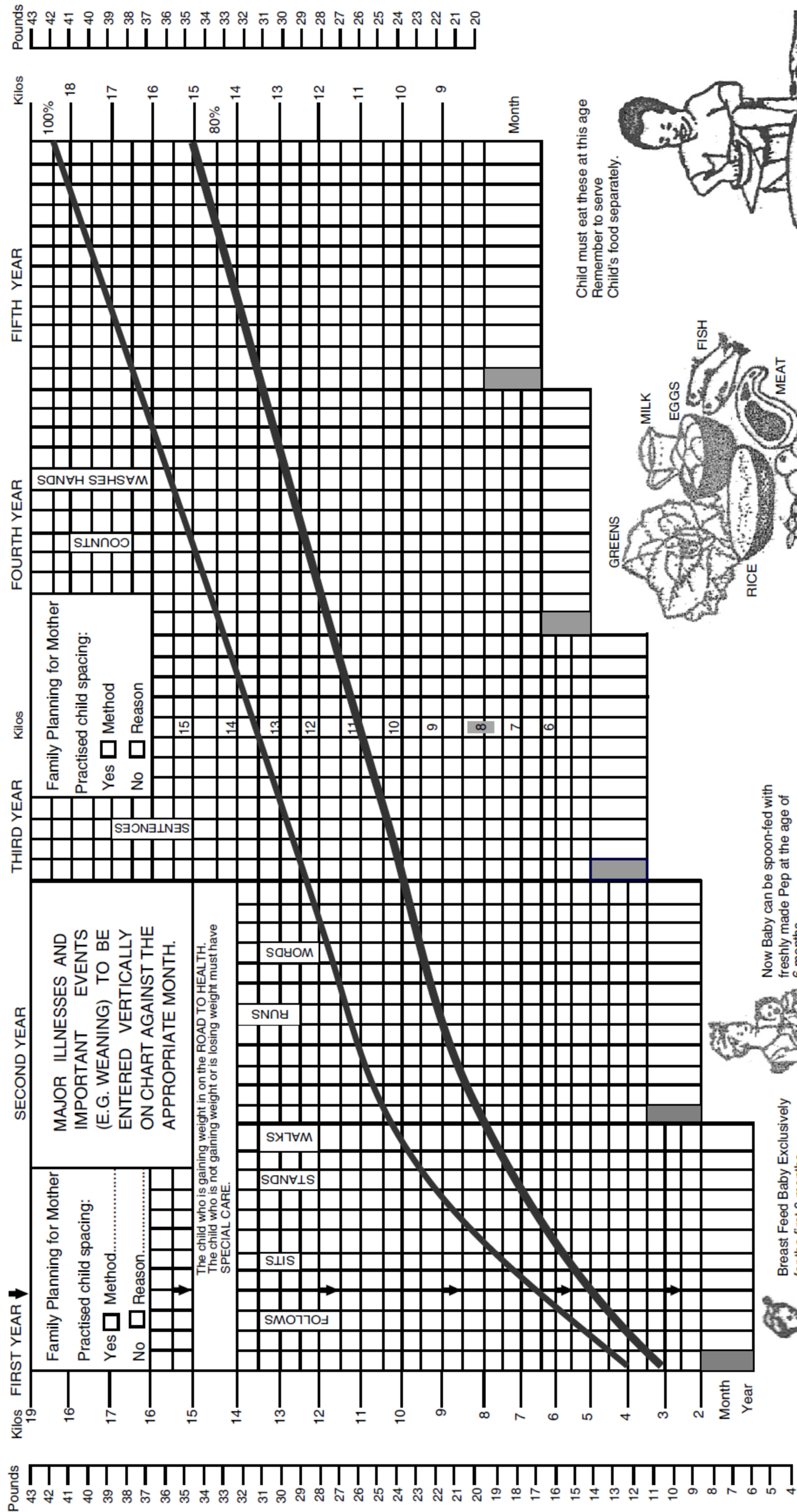


THE GAMBIA MATERNAL AND CHILD HEALTH SERVICES

CHILD'S HEALTH AND WEIGHT RECORD OVER FIRST FIVE YEARS



CHILD'S NUMBER

A. PERSONAL HISTORY

Child's Name	Date of Birth:	
Mother's Name	Birth Registration No:	
Father's Name	Place of Delivery:	
Address / Name of Village and Compound	Health Facility <input type="checkbox"/>	Home <input type="checkbox"/>
	BBA <input type="checkbox"/>	TBA <input type="checkbox"/> Other <input type="checkbox"/>
Tel:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Weight:
Welfare Clinic:	Date first Seen:	

B. IMMUNISATION RECORD:

	DATE REQUIRED	DATE RECEIVED
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ANTI-TUBERCULOSIS AND HEPATITIS IMMUNISATION		
BCG injection (at birth or soon after)	_____	_____
Date of recognizing BCG scar	_____	_____
Hepatitis B (at birth or soon after)	_____	_____

POLIOMYELITIS 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 (one month after third dose)	_____	_____
Polio 4 (at the age of 9 months or later)	_____	_____
Booster (at the age of 18 months or later)	_____	_____

PENTAVALENT IMMUNISATION (DPT-HEPB-Hib)		
Pentavalent 1 (at the age of 2 months or soon after)	_____	_____
Pentavalent 2 (one month after first injection)	_____	_____
Pentavalent 3 (one month after second injection)	_____	_____
DPT Booster (one year after third injection)	_____	_____

PNEUMOCOCCAL CONJUGATE VACCINE IMMUNISATION		
Pneumo 1 (at the age of 2 months or soon after)	_____	_____
Pneumo 2 (one month after first injection)	_____	_____
Pneumo 3 (one month after second injection)	_____	_____

ROTA IMMUNIZATION		
Rota 1 (at age of 2 Months or soon after)	_____	_____
Rota 2 (one month after first dose)	_____	_____
Rota 3 (one month after second dose)	_____	_____

MEASLES IMMUNIZATION		
Measles 1 (at the age of 9 months or soon after)	_____	_____
Measles 2 (at the age of 18 months or soon after)	_____	_____

YELLOW FEVER IMMUNIZATION		
Yellow Fever (at the age of 9 months or soon after)	_____	_____

Vitamin A	Date Received	Mebendazole	Date Received	Received LLIN
1 st Dose 100,000 IU at 6 months	_____	1 st Dose at 12 months	_____	Date: _____
2 nd Dose 200,000 IU at 12 months	_____	2 nd Dose at 18 months	_____	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
3 rd Dose 200,000 IU at 18 months	_____	3 rd Dose at 24 months	_____	(TT - MOTHERS ONLY)
4 th Dose 200,000 IU at 24 months	_____	4 th Dose at 30 months	_____	Dose
5 th Dose 200,000 IU at 30 months	_____	5 th Dose at 36 months	_____	Date
6 th Dose 200,000 IU at 36 months	_____	6 th Dose at 42 months	_____	TT 1
7 th Dose 200,000 IU at 42 months	_____	7 th Dose at 48 months	_____	TT 2
8 th Dose 200,000 IU at 48 months	_____	8 th Dose at 54 months	_____	TT 3
9 th Dose 200,000 IU at 54 months	_____	9 th Dose at 60 months	_____	TT 4
10 th Dose 200,000 IU at 60 months	_____			TT 5

Post Partum Mothers Vitamin A 200,000 IU (within 8 weeks after delivery)	_____
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