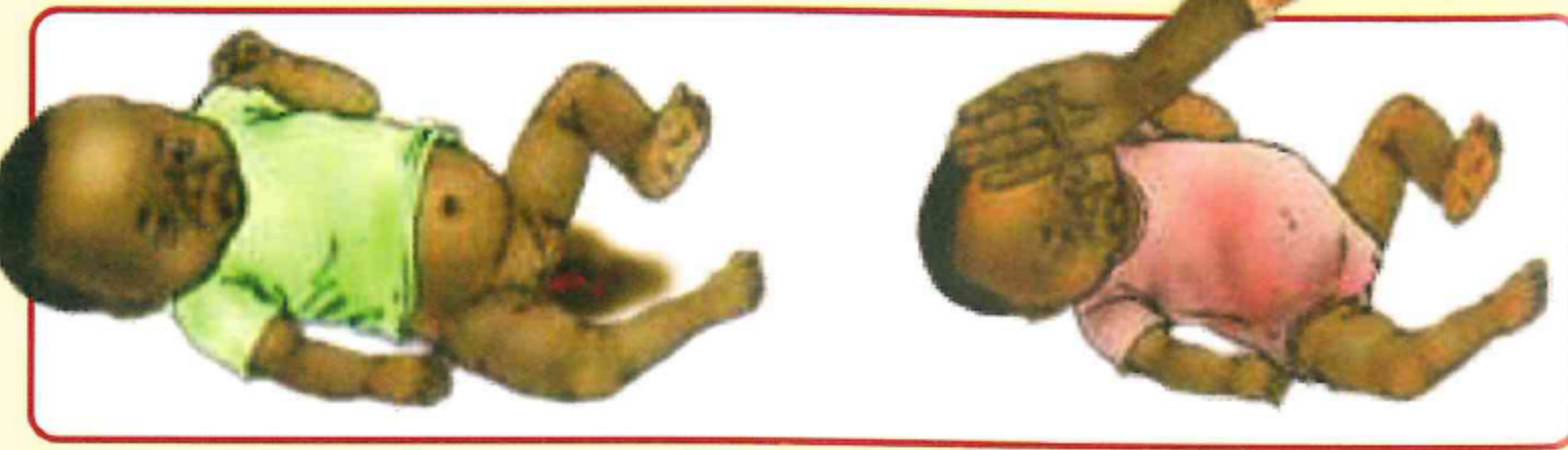


- CHILD WON'T BREAST FEED OR DRINK
- CHILD IS FEEDING POORLY



- BLOOD IN POO-POO
- FREQUENT RUNNY STOMACH
- FEVER



- HARD FOR CHILD TO BREATHE
- DIFFICULT BREATHING
- HANDS AND FEET APPEAR YELLOW
- SICK AND SLEEPY OR WEAK

FIJI CHILD HEALTH RECORD

This is your child's health record, you must take care of it and present it at every health clinic visit.

MCH Number: _____



MINISTRY of Health
Shaping Fiji's Health

Child's name: _____

Child's NHN: _____

Mother's Name: _____

Mother's NHN number: _____

Father's Name: _____

Phone [mobile]: _____

Phone [land line]: _____

Child's Home Address: _____

Nearest MCH Clinic: _____

First MCH Clinic Date: _____

TAKE CHILD TO CLINIC ON THESE DATES

WRITE DATE OF CHILD'S NEXT CLINIC VISIT:

WEIGHT AND LENGTH

GENERAL CHECK UP

IMMUNISATION

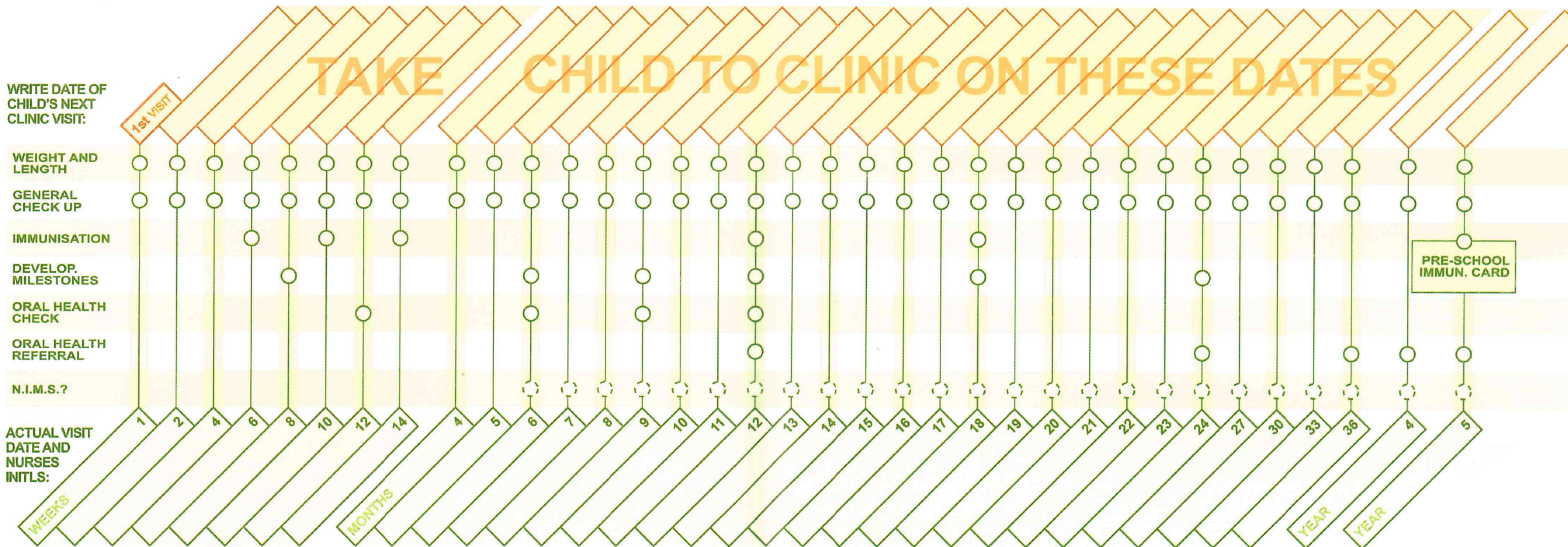
DEVELOP. MILESTONES

ORAL HEALTH CHECK

ORAL HEALTH REFERRAL

N.I.M.S.?

ACTUAL VISIT DATE AND NURSES INITLS:



PRE-SCHOOL IMMUN. CARD

Handwritten notes area with horizontal lines.

Follow this guide to keep your child's diet nutritious and their gums and teeth healthy and strong. Do not add sugar or salt to your child's food for first five years.

EXCLUSIVE BREAST FEEDING FOR FIRST SIX MONTHS

Mashed food 3 times a day. Breast feed as often as baby wants. If formula fed, give food 5 times a day.

Give 5 meals a day. Breast feed as often as baby wants.

Remember! You may continue to breast feed well into the second year of life

3 Meals a day with 2 smaller ones in between. Be sure to add fruit and vegetables to every meal.



Timeline: birth, 6 months, 12 mths, 18 mths, 2 yrs, 3 yrs, 4 yrs, 5 yrs

no teeth



Check baby's mouth; wipe tongue and gums with damp clean cloth.

2-4 teeth



Wipe gums, teeth and tongue daily with a clean, damp cloth.

6-8 teeth



Brush your child's teeth with a small, soft toothbrush. First dental visit by age 1.

12-14 teeth



Half a pea-size amount of fluoride toothpaste.

20 Teeth



Remember! You can take your child to the dentist at any time.

FOLLOW THESE INSTRUCTIONS TO KEEP YOUR CHILD HEALTHY

Handwritten instructions area with horizontal lines.

IMMUNISATION RECORD

DELIVERY INFORMATION

ESSENTIAL INFORMATION

Age	Vaccine	Date Vaccine Administered	Vaccine Batch Number	Clinic Received	Signature
Birth	Hepatitis B				
	note date & time				
6 Weeks	BCG				
	DTP-Hep B-Hib				
	OPV				
	Pneumococcal				
10 Weeks	Rotavirus				
	DTP-Hep B-Hib				
	OPV				
14 Weeks	Pneumococcal				
	DTP-Hep B-Hib				
	OPV				
	Pneumococcal				
12 Months	MR				
	OPV				
ADDITIONAL VACCINES					

Birth Weight [kg]: _____ Place of Birth: _____

Length [cm]: _____ Time of Birth: _____

Discharge Weight [kg]: _____ Type of Delivery: _____

Head Circumference [cm]: _____ Time and date of 1st attachment to breast: _____

Discharge Date: _____

FEMALE

Child's Full Name: _____

Village/Address: _____

Date of Birth: _____

MCH Number: _____

NHN: _____

Race: _____

Mother/Care-Giver's Name: _____

Feeding Detail on Discharge:

BREAST

FORMULA

APGAR SCORE:

1 min: _____

5 min: _____

10 min: _____

Vitamin K? Y N

Date: _____

Time: _____

INTL: _____

Special Care? Y N

Reason? _____

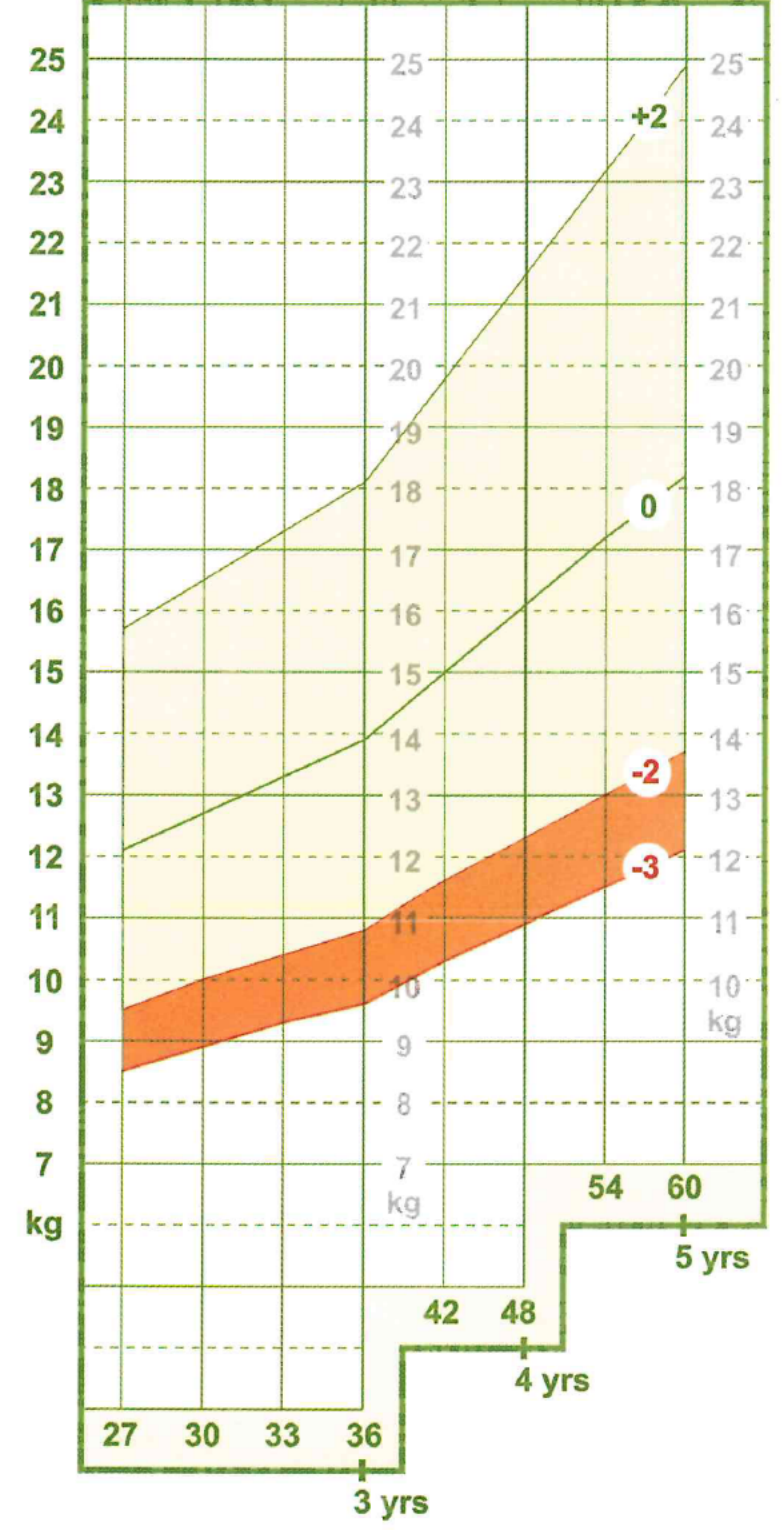
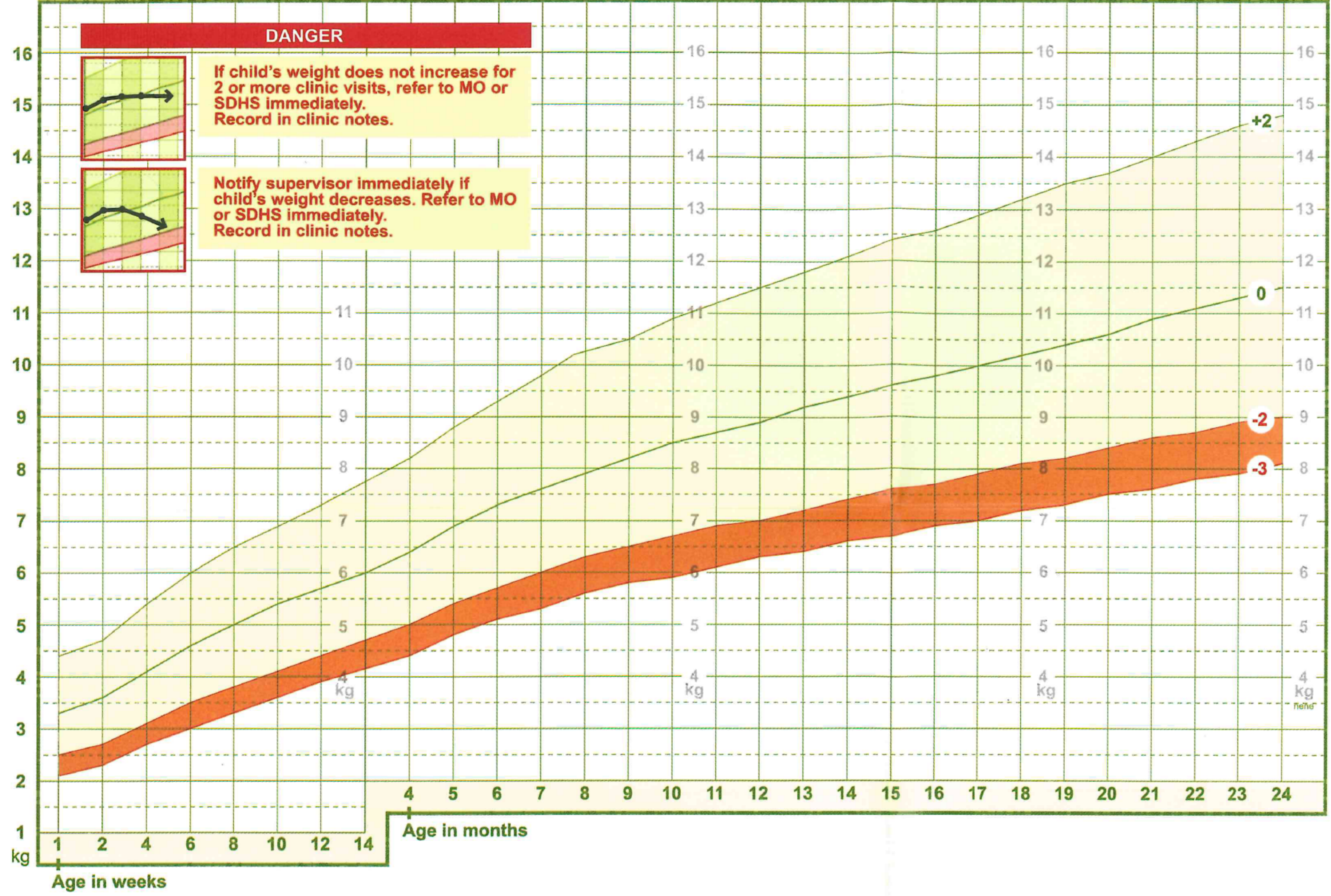
DEVE When placed on belly does child hold head up when pushing upwards? Y N

Does child laugh or make squealing sounds? Y N

Date: _____ Signature: _____

Date: _____ Signature: _____

WEIGHT CHART AND LENGTH



WRITE DATE, EXACT WEIGHT AND LENGTH FOR EACH CLINIC VISIT:

Age	Date	Weight (kg)	Length (cm)
1 WEEKS			
2			
4			
6			
8			
10			
12			
14			
4 MONTHS			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
27 MONTHS			
30			
33			
36			
4 YEARS			
5 YEARS			

If child scores 2 or more NO responses, re-test at next clinic visit; record in clinic notes.

If child does not achieve milestones within 1 month of evaluation, refer to MO; record in clinic notes.

Refer to MO immediately if any ▲ are checked.

8 weeks

Does child respond to loud sounds?	Y <input type="radio"/>	N <input type="radio"/>
Does child watch things as they move?	Y <input type="radio"/>	N <input type="radio"/>
Does child smile at people?	Y <input type="radio"/>	N <input type="radio"/>
Does child bring hands to mouth?	Y <input type="radio"/>	N <input type="radio"/>
When placed on belly does child hold head up when pushing upwards?	Y <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

6 months

Child has difficulty getting things to mouth?	Y ▲ <input type="radio"/>	N <input type="radio"/>
Child seems very floppy, like rag doll?	Y ▲ <input type="radio"/>	N <input type="radio"/>
Child seems very stiff with tight muscles?	Y ▲ <input type="radio"/>	N <input type="radio"/>

Does child try to get things that are in reach?	Y <input type="radio"/>	N <input type="radio"/>
Does child show affection to caregivers?	Y <input type="radio"/>	N <input type="radio"/>
Does child respond to surrounding sounds?	Y <input type="radio"/>	N <input type="radio"/>
Does child make vowel sounds ["ah", "eh", "oh"]?	Y <input type="radio"/>	N <input type="radio"/>
Does child roll over in both directions?	Y <input type="radio"/>	N <input type="radio"/>
Does child laugh or make squealing sounds?	Y <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

9 months

Does child bear weight on legs with support?	Y <input type="radio"/>	N <input type="radio"/>
Does child sit with help?	Y <input type="radio"/>	N <input type="radio"/>
Does child babble ["mamma," "baba," "dada"]?	Y <input type="radio"/>	N <input type="radio"/>
Does child play games involving back-and-forth play?	Y <input type="radio"/>	N <input type="radio"/>
Does child respond to own name?	Y <input type="radio"/>	N <input type="radio"/>
Does child seem to recognize familiar people?	Y <input type="radio"/>	N <input type="radio"/>
Does child look to where you point?	Y <input type="radio"/>	N <input type="radio"/>
Does child transfer toys from one hand to the other?	Y <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

12 Months

Does child crawl?	Y <input type="radio"/>	N <input type="radio"/>
Does child stand when supported?	Y <input type="radio"/>	N <input type="radio"/>
Does child search for things that she sees you hide?	Y <input type="radio"/>	N <input type="radio"/>
Does child point to things?	Y <input type="radio"/>	N <input type="radio"/>
Does child learn gestures like waving or shaking head?	Y <input type="radio"/>	N <input type="radio"/>
Does child say single words like "mama" or "dada"?	Y <input type="radio"/>	N <input type="radio"/>
Has child lost any of the skills he/she previously had?	Y ▲ <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

18 Months

Does child point to show things to others?	Y <input type="radio"/>	N <input type="radio"/>
Can child walk?	Y <input type="radio"/>	N <input type="radio"/>
Does child know what familiar things are for?	Y <input type="radio"/>	N <input type="radio"/>
Does child copy others?	Y <input type="radio"/>	N <input type="radio"/>
Does child learn new words?	Y <input type="radio"/>	N <input type="radio"/>
Does child say at least 6 words?	Y <input type="radio"/>	N <input type="radio"/>
Does child notice or mind when a caregiver leaves or returns?	Y <input type="radio"/>	N <input type="radio"/>
Has child lost any of the skills he/she previously had?	Y ▲ <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

24 Months

Does child know what to do with common things, like a brush, phone, fork, or spoon?	Y <input type="radio"/>	N <input type="radio"/>
Does child copy actions and words?	Y <input type="radio"/>	N <input type="radio"/>
Does child follow simple instructions?	Y <input type="radio"/>	N <input type="radio"/>
Does child use 2-word phrases [for example: "drink milk"]?	Y <input type="radio"/>	N <input type="radio"/>
Does child walk steadily?	Y <input type="radio"/>	N <input type="radio"/>
Has child lost any of the skills he/she previously had?	Y ▲ <input type="radio"/>	N <input type="radio"/>

Date: _____ Signature: _____

Maternal Child Health Card, Ministry of Health Fiji. Version 1, 2012.
This card is printed on Teslin SP1000 substrate, a non-wood paper. Infant danger signs and nutrition illustrations provided by UNICEF/URC/CHS. For further information regarding this MCH Card, please consult the MCH Card Technical Manual.

