VACCINE	DISEASES IT PREVENTS	DOSE	AGE	VACCINATION	
				Date	Batch #
BCG	TUBERCULOSIS	ONE	At birth		
OPV	POLIOMYELITIS	FIRST	2 Months		
		SECOND	4 Months		
		THIRD	6 Months		
		BOOSTER	4 Years		
PENTAVALENT DPT/HepB/Hib	DIPHTERIA WHOOPING COUGH TETANUS HEPATITIS B H influenza b	FIRST	2 Months		
		SECOND	4 Months		
		THIRD	6 Months		
DPT	DIPHTERIA, TETANUS WHOOPING COUGH	BOOSTER	4 Years		
MMR	MEASLES MUMPS RUBELLA	FIRST	1 Year		
		SECOND	2 Years		
INFLUELZA					
OTHER'S					

ALLERGIES																		
ILLNESS	Date																	
	Diagnosis																	

WEIGHT and HEIGHT CONTROL																			
DATE																			
AGE																			
WEIGHT ↗																			
HEIGHT ↗																			

NATIONAL CHILD IMMUNIZATION RECORD

Health Center | S.S No.

District | Record No.

Child's Name | Girl | Boy

Date of Birth | **Date First Seen** | **Birth Wt**

Year Month Day | Year Month Day

Mother's Name | Father's Name | Phone. No. | Phone. No.

Address | Village/Town

APPOINTMENTS

FOOD

Age in completed months: 1 2 3 4 5 6 7 8 9 10 11 12

- Breast Milk
- Water and Other Liquids
- Vegetables
- Fruits (except citrus)
- Corn
- Rice
- Cereals (bread, oats etc.)
- Beans
- Meat (chicken, beef, pork, fish)
- Eggs
- Milk bi-products
- Other Milks

DEVELOPMENT SCREENING CHECKLIST

AGE	Y/N
1 mth	- can he/she raise his /her head while lying down on his/her stomach? - does he/she look at your face when you are in his/her line of vision?
2 mths	- does he/she smile and coo?
3 mths	- does he/she respond to a bell? - does he/she follow a moving object? - does he/she hold his head erect when lying on his/her stomach?
4 mths	- does he/she puts his hands together?
5 mths	- can he/she laugh aloud? - can he/she roll over?
6 mths	- can he/she grasp a rattle/shaker? - does he/she turn towards sounds?
7 mths	- can he/she be pulled to sit without his/her head lagging?
8 mths	- can he/she sit steadily without support for five minutes?
9 mths	- can he/she pass one object from one hand to the other? - does he/she turn to a whispered voice? - will he/she feed himself /herself with bread or crackers?
10 mths	- will he/she pull himself/herself up to stand?
11 mths	- does he/she say 'mama' or 'dada'? - does he/she get from lying to sitting on his own? - can he hold a small thing between his thumb and finger?
12 mths	- does he/she copy speech sounds?

If any of the above is 'no' please consult the Nurse or Doctor

AGE	DATE	VIT- A	IRON	DE-WORM
6 M				
12 M				
18 M				
24 M				
30 M				
36 M				
42 M				
48 M				
54 M				
60 M				

WEIGHT and HEIGHT CONTROL

DATE	AGE	WEIGHT ↙	HEIGHT ↙	

DENTAL CHECK

Date	Diagnosis