



**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Step by step protection against childhood infections is what your child needs.  
Follow this steps of vaccination your Doctor advises you

BIRTH RECORD

Name of Mother..... *Hareem Sameera* *J*

Blood group of Mother..... *A+ve* IP No. (Mother).....

Delivery : Normal / Vacuum / Forceps  /

Active Resuscitation : YES  NO

Sex..... *Male* DOB..... *21/11/14* TOB..... *2*

Birth Weight..... *2.17* Kg, HC..... cm, Length.....

Blood group of Baby.....

Inj. Vitamin K

NICU Care

Obstetrician Dr..... *Suma*

Paediatrician Dr..... *Jayshree*

W/H/C

MAKE/BATCH

REMARKS

W/H/C	MAKE/BATCH	REMARKS
015	10/11-824109	REG NOOULE
015	H.C.: 39/009	
015	W.L.: 4.9/09	
015	H.C.: 10/09	
015	5/09	



REG NOOULE

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