

CLINIC NOTES



1236/13

CHILD HEALTH CARD



**MINISTRY OF PUBLIC HEALTH AND SANITATION
DIVISION OF VACCINES AND IMMUNIZATION (DVI)**

HEALTH FACILITY NAME: MUKUNDANI H/C
 SERVICE DELIVERY POINT (SDP) No: _____
 CHILD'S NAME: GRACE NYARIADA
 SEX: MALE FEMALE
 CHILD'S CLINIC No: 350 DATE FIRST SEEN: 17/09/2013
 DATE OF BIRTH: 12/09/2013
 PLACE OF BIRTH: HOME HEALTH FACILITY
 FATHER'S NAME: JOSHUA NJOROGE
 MOTHER'S NAME: ESTHER KILOLA
 PROVINCE: COAST
 DISTRICT: CHANGAMWE
 DIVISION: TOMBU
 LOCATION: MUKUNDANI
 ESTATE/VILLAGE: ALIDINA
 P.O. Box: _____ Town: MOMBASA
 Telephone: _____

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)
 DATE OF AEFI: _____
 DESCRIBE: _____
 ANTIGEN/VACCINE: _____
 BATCH NUMBER: _____
 MANUFACTURE DATE: _____
 EXPIRY DATE: _____
 MANUFACTURER'S NAME: _____
 DATE: 17/10/13

IF YOUR CHILD DEVELOPS ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI) PLEASE REPORT IMMEDIATELY TO THE NEAREST HEALTH FACILITY

Onyeshwa kadi hii kila mara
Uendapo kliniki ya watoto

SHOW THIS CARD ON EVERY VISIT

Mpeleke metto wako
Kwa kliniki kila mwezi

Kila motto lazima awe
na cheti cha kuzaliwa

BRING THE CHILD
TO THE CLINIC EVERY MONTH

EVERY CHILD MUST
HAVE A BIRTH CERTIFICATE

IMMUNIZATIONS

PROTECT YOUR CHILD

Sign when child fully immunized (FIC)	Age in Months	Date	Sign
	9/12	12/6/14	

BCG VACCINE: at birth		Date Given	
Intra-dermal left fore-arm		17/9/13	24
Dose: (0.05mls for child below 1 year)			
Dose: (0.1mls for child below 1 year)			
BCG-Scar Checked	DATE CHECKED	PRESENT	<input checked="" type="checkbox"/>
	12/6/14	ABSENT	<input type="checkbox"/>
	DATE REDONE		

DIPHTHERIA /PERTUSSIS/TETANUS/HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b		Date given	Date of Next visit
Dose: (0.5mls) Intra Muscular outer thigh			
1st Dose at 6 weeks	DTP/HepB + Hib1	24/9/13	24/10/13
2nd Dose at 10 weeks	DTP/HepB + Hib2	24/11/13	24/11/2013
3rd Dose at 14 weeks	DTP/HepB + Hib3	24/12/13	24/12/2013

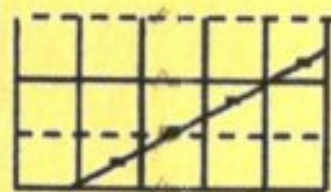
ORAL POLIO VACCINE (OPV)		Date given	Date of Next visit
Dose: 2 drops orally			
Birth Dose: at birth or within 2 weeks (OPV 0)		17/9/13	
1st Dose at 6 weeks	(OPV 1)	24/10/13	24/10/13
2nd Dose at 10 weeks	(OPV 2)	24/11/13	24/11/13
3rd Dose at 14 weeks	(OPV 3)	24/12/13	24/12/13

MEASLES VACCINE at 9 Months	Date Given
Dose: (0.5 mls) Subcutaneously right upper arm	12/6/2014

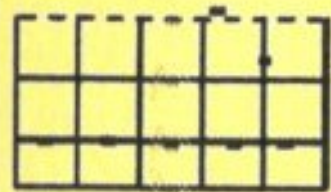
YELLOW FEVER VACCINE at 9 Months	Date Given
Dose: (0.5 mls) Intra-Muscular left upper deltoid	12/6/14

VITAMIN A CAPSULE: Given orally		Tick age given	Date of Next visit
At first contact at/or after 6 months of age			
Dose	Age		
100,000IU	at 6 months	<input checked="" type="checkbox"/>	12/8/14
200,000IU	at 12 months (1 Year)	<input checked="" type="checkbox"/>	12/9/14
200,000IU	at 18 months (1 1/2 Years)	<input checked="" type="checkbox"/>	12/3/15
200,000IU	at 24 months (2 Years)		
200,000IU	at 30 months (2 1/2 Years)		
200,000IU	at 36 months (3 Years)		
200,000IU	at 42 months (3 1/2 Years)		
200,000IU	at 48 months (4 Years)		
200,000IU	at 54 months (4 1/2 Years)		
200,000IU	at 59 months (4 Years 11 Months)		

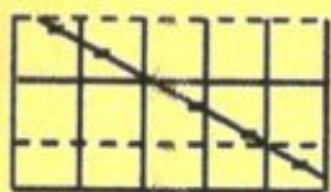
Watch the direction of the line showing the child's health



GOOD
Meaning the child is growing well



DANGER
Find out why?
And advise

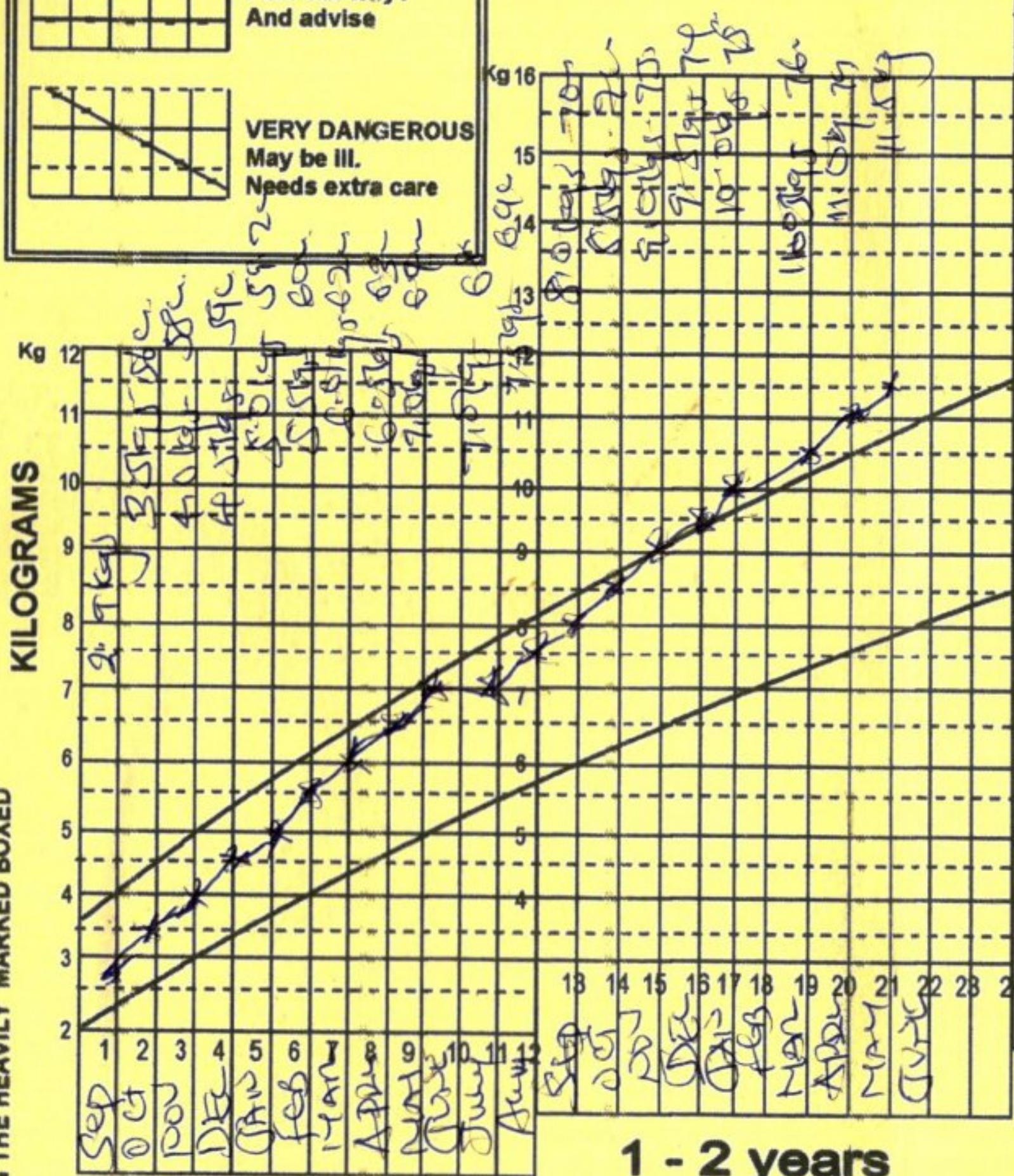


VERY DANGEROUS
May be ill.
Needs extra care

NAME OF CHILD Grace Nyanang
BIRTH WEIGHT: 3.4

KILOGRAMS

WRITE THE MONTH OF BIRTH IN THE HEAVILY MARKED BOXED



Birth - 1 year

1 - 2 years

2 - 3 years

3 - 4 years

4 - 5 years

Upper Line: WHO 50th centile boys
Lower Line: WHO 3rd centile girls

Birth Weight less Than 2.5 kg <input type="checkbox"/>	Birth less than 2 years after Last birth <input type="checkbox"/>	Fifth Child or more <input type="checkbox"/>	Single Parent <input type="checkbox"/>
Brother or Sisters Undernourished <input type="checkbox"/>	Twins <input type="checkbox"/>	Four or More Children In family dies <input type="checkbox"/>	

RECORD ON THE CHART

- Diarrhoea
- Measles
- Solids introduced
- Breastfeeding stopped
- Birth of next child

Like this

