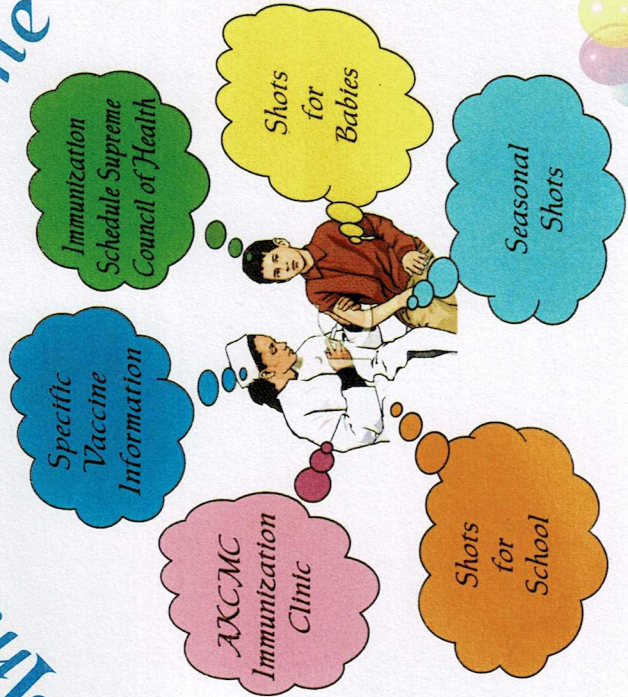


Immunize on Time



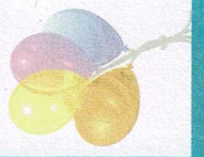
My Name: KARITHA BORA

My Birth Date: 10/08/2015

My Staff No: 02921

My Blood Group: _____

AID : 31535202063



Name: Karthik Dora : الاسم
Date of Birth: 10/8/15 : تاريخ الميلاد
School Name: : اسم المدرسة
Gender: : الجنس
Nationality: India : الجنسية
QID - 31535602063 : البطاقة الشخصية
H.C - : البطاقة الصحية

| Name of the Vaccine اسم التطعيم | Date التاريخ | Signature التوقيع |
|------------------------------------|-----------------|----------------------|
| <u>MMR 2 (M006508)</u> | <u>6/11/16</u> | <u>Julp</u> |

Remarks: طبيب : ملاحظات

Signature & Stamp: Julp : التوقيع والخبطة



Two Months Visit

| Age | Weight | Length | Head Circumference | Temperature | Pulse | Respiratory Rate |
|-------|--------|--------|--------------------|-------------|-------|------------------|
| 9 wks | 4.44g | 55.2cm | 38cm | 36.3T | | |

Diet: Breast Milk Formula Mixed
 Multi_Vitamin Vitamin D

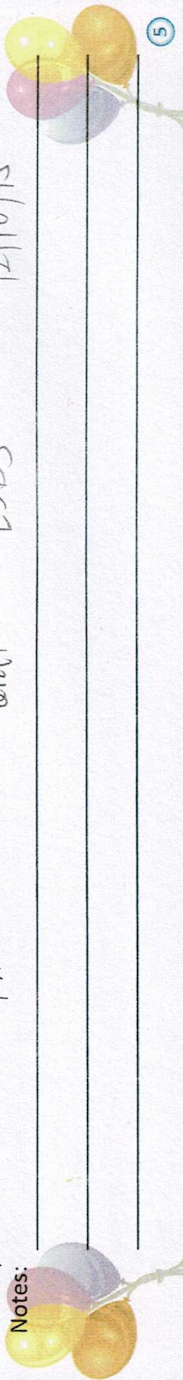
Development: Vocalizes Lifts Head Social Smile
 Kicks Follows past midline

Safety: Tobacco Car Seat
 Bath Safety Toys

Parenting: Fever Control Taking Temperature
 No Bottle in Crib

| Vaccination | Given by | Site & Route | Batch No. | Date |
|-------------|----------|--------------|-----------|----------|
| Hexa Penta | Astute | High In | AP0019 | 12/10/15 |
| PCV 1 | Astute | High In | J13200 | 12/10/15 |
| Rota 1 | Astute | Oral | AR01B000 | 12/10/15 |
| OPV | Astute | Oral | L5153 | 12/10/15 |

Notes:



Name of the

Vac

MM

MM

CM, OI

Remarks: -

Signature &

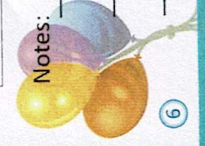
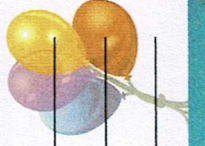
4 Months Visit

| Age | Weight | Length | Head Circumference | Temperature | Pulse | Respiratory Rate |
|------|--------|--------|--------------------|-------------|-------|------------------|
| 4mms | 6.5 | 60.6 | 42cm | 36.3 | | |

- Diet:** Breast Milk Formula Mixed
 Multi-Vitamin Vitamin D
- Development:** Laughs Prone Lifts Head Grasp Rattle
 Rolls Over One Way Head Steady Sitting Bath Safety
- Safety:** Tobacco Car Seat Bath Safety
 Toys No Shaking
- Parenting:** Fever Control Taking Temperature
 No Bottle in Crib

| Vaccination | Given by | Site & Route | Batch No. | Date |
|-------------|----------|--------------|-----------|------------|
| Penta 1 | | LT thigh IM | APIC235A | 13-12-2015 |
| PCV 2 | Sub on | RT thigh IM | J13200 | |
| Rota 2 | | Oral | AR01330BF | |
| OPV 1 | | Oral | L 5153 | |

Notes:



6 Months Visit

| Age | Weight | Length | Head Circumference | Temperature | Pulse | Respiratory Rate |
|--------|--------|---------|--------------------|-------------|-------|------------------|
| 6 mos. | 8.1 kg | 65.1 cm | 44.6 cm | 36.8°C | | |

Diet: Breast Milk Formula Multi-Vitamin Solids Mixed

Development: Babbling Pulled to Sit Mouth Objects Rolls Over Both Ways Reaches for Objects

Safety: Tobacco Child Proof Home Safe High Chair No Shaking Bath Safety

Parenting: Talk, Play Bed Time Schedule Offers Cup

Dental: No Bottle in Crib Avoid Sweets Cleaning Gum

| Vaccination | Given by | Site & Route | Batch No. | Date |
|-------------|----------|--------------|-----------|---------|
| Penta 2 | | Lt. thigh IM | AP002C | 17/2/16 |
| PCV3 | ASTUTT | Rt. thigh IM | L0380C | |
| OPV3 | | Oral | L5753 | |

Notes:



Name of the

Vacc

MM

MM

C.M.O

Remarks:

Signature

12 Months Visit

| Age | Weight | Length | Head Circumference | Temperature | Pulse | Respiratory Rate |
|-----|--------|--------|--------------------|-------------|-------|------------------|
| 1yr | 10kg | 74cm | 48cm | N | - | - |

- Diet:**
- Breast Milk
 - Finger Foods
 - Formula
 - Solids
 - Mixed
- Development:**
- Says Mama
 - Bangs Objects
 - Walks with Help
 - Waves Bye
 - Hold Cup to Drink
 - Understands No
- Safety:**
- Tobacco
 - Hot Water
 - Child Proof Home
 - Discipline
 - Car Seat
- Parenting:**
- Tooth Brushing
 - Avoid Sweets
 - Bottle Carries

| Vaccination | Given by | Site & Route | Batch No. | Date |
|--------------|----------|--------------|----------------|----------|
| MMR 1 | IM | | BIOVAC™ | 17-8/16 |
| Varicella 1 | SC | | | 19-8/16 |
| Hepatitis A1 | SC | | | 17-18/16 |

Batch No.: 201509103
 Date of vaccination:

Notes:

JYOTHI NURSING HOME
 MADDILAPALEM MAIN ROAD
 VIGAKHAPATNAM-19

BIOVAC™ - A

B.No. 20151135-2

Date of infusion:

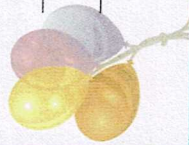
15 Months Visit

| Age | Weight | Length | Head Circumference | Temperature | Pulse | Respiratory Rate |
|--------|--------|--------|--------------------|-------------|-------|------------------|
| 15 mos | 9.8kg | 75cm | 47cm | 36.5°C | | |

Diet: Breast Milk Fresh Milk Table Food
Development: 3 Word Vocabulary Walks Use Cup
 Indicates Wants 2 Cube Tower
Safety: Tobacco Teach Hot and Cold Child Proof Home
 Car Seat
Parenting: Self Feeding Simple Games Temper Tantrums
Dental: Tooth Brushing Avoid Sweets Bottle Caries Drowning

| Vaccination | Given by | Site & Route | Batch No. | Date |
|-------------|----------|---------------|------------|-----------|
| Tetra | 7 Julie | LT deltoid sk | A14 CA225A | 7-6/11/16 |
| PCVB | | RT deltoid M | L60089 | |

Notes: _____



Name

Address

MP

C.M.C

Remarks:

Signature

18 Months Visit

| Age | Weight | Height | Head Circumference | Temperature | Pulse | Respiratory Rate |
|-------|---------|--------|--------------------|-------------|-------|------------------|
| 18mos | 10.6 kg | 80 cm | 48.5 cm | 36.5 | | |

- Diet:** Breast Milk 3 Meal/Day-Snacks Fresh Milk
- Development:** 4 to 10 Words Scribbles Climbs Stairs
 Household Chores Answers Questions
- Safety:** Tobacco Electrical Outlets Hot Water
 Drowning
- Parenting:** Toilet Training Play with Others Temper Tantrums
- Dental:** Tooth Brushing Avoid Sweets Bottle Caries

| Vaccination | Given by | Site & Route | Batch No. | Date |
|--------------|-----------|--------------|-------------|---------|
| MMR 2 | | Lt Ann SC | AMJR D170AB | 19/2/17 |
| Hepatitis A2 | Catherine | Rt Ann M | L048557 | |
| OPV B | | ORAL | 2044615 | |

Notes:

4 - 6 Years Visit

| Age | Weight | Height | Blood Pressure | Temperature | Pulse | Respiratory Rate |
|------|--------|--------|----------------|-------------|-------|------------------|
| 5-10 | | | | 36.6 | | |

Diet:

- 3 Meals & Snacks
- Avoid Junk Food

Importance of Breakfast

Development:

- Clear Speech
- Toilet Trained

- Copies Square
- Throws Ball

Safety:

- Tobacco
- Water Safety

- Tolerates Separation
- Safety Belts
- Burns

- Watch Outdoor Play

Parenting:

- TV Programs

- School

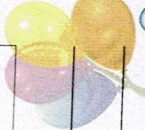
Dental:

- Tooth Brushing

- Dental Visit

| Vaccination | Given by | Site & Route | Batch No. | Date |
|-------------|-----------|--------------|-----------------|------------|
| DTaPB | | IM LD | A19713 221PB | |
| Varicella 2 | J Patrick | SC RD | S03105D | 01/12/2020 |
| OPV B | | PO | T3A06 | |

Notes:



جدول مواعيد فحص السمع
Hearing Examination Appointment Schedule

| ملاحظات Remarks | الموعد القادم Next Appointment | العمر Age | التاريخ Date |
|--------------------|-----------------------------------|--------------|-----------------|
| | ٢٨ | ١٢ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

الفحص الدوري للسمع
بما أن ضعف السمع يحدث في أي عمر فإنه من الضروري مراقبة تطور سمع طفلك،
إذا كان تحريك أذني شك أن طفلك لم لا يسمع بشكل طبيعي أو ساء سمعه لا تترددوا ولا
تنتظروا لأن فحص الأطفال يمكن إجراؤه في أي عمر.

في حالة الطفل السليم

Congratulation on your new child, hearing has been tested the result is:

| | | | |
|------------------|-----------------------|-----------------------|-------------------------------|
| ملاحظات NOTES | الأذن اليسرى L.EAR | الأذن اليمنى R.EAR | المرحلة الأولى FIRST STAGE |
| | Pass | Pass | |

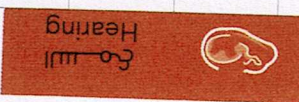
إسم الفاحص.....
التاريخ.....
الجهاز.....

| | | | |
|------------------|-----------------------|-----------------------|---------------------------------|
| ملاحظات NOTES | الأذن اليسرى L.EAR | الأذن اليمنى R.EAR | المرحلة الثانية SECOND STAGE |
| | Pass | Pass | |

إسم الفاحص.....
التاريخ.....
الجهاز.....

| | | | |
|------------------|-----------------------|-----------------------|---------------------------------------|
| ملاحظات NOTES | الأذن اليسرى L.EAR | الأذن اليمنى R.EAR | مرحلة دخول المدرسة PRESCHOOL STAGE |
| | | | |

إسم الفاحص.....
التاريخ.....
الجهاز.....



جدول مواعيد فحص البصر Vision Examination Appointment Schedule

| ملاحظات Remarks | الموعد القادم Next Appointment | العمر Age | التاريخ Date |
|--------------------|-----------------------------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

الفحص الدوري للبصر

تتيح عمليات الفحص الدورية للعين فرصة توعوية للكشف عن مشاكل الرؤية عند الأطفال و كلما تم اكتشاف هذه المشاكل في مرحلة مبكرة وكلما زادت فرص استعادة البصر، فإذا كانت لديك أية مخاوف بشأن إصرار طفلك أو الأوضاع غير الطبيعية للعين أو أي تاريخ عائلي لهذه المشاكل فإنه ينبغي عليك أن تسعى لإجراء تقييم لهذا الأمر عن طريق طبيب العيون بمركز الرعاية الصحية الأولية الذي تتبعه.

| Age | Right Eye | Left Eye | Date | Examination |
|---|--|--|----------|-------------|
| A) New born 1) Normal birth -Red reflex -(congenital malformation) | Pres <input checked="" type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input checked="" type="checkbox"/> | Pres <input checked="" type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input checked="" type="checkbox"/> | 11/08/15 | |
| 2) (premature and others) -Retinal exam | Nor. <input type="checkbox"/> Abn <input type="checkbox"/> | Nor. <input type="checkbox"/> Abn <input type="checkbox"/> | | |
| B) Two Months -Red reflex -(congenital malformation) | Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | | |
| C) Six Months -Squint -Red reflex -Refraction | Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | | |
| D) 3 Years -Vision -Pupillary reflex -Squint | SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> | | |
| D) Pre-school -Vision -Color vision -Pupillary reflex -Squint | SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> | SC <input type="checkbox"/> CC <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> Pres <input type="checkbox"/> Abse <input type="checkbox"/> Nor. <input type="checkbox"/> Abn <input type="checkbox"/> | | |

Dr. Shadi Mhd Faez Albrzeel
NICU / Pediatrics - FMC
026723

Vision

