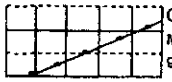
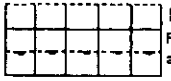
NAME OF CHILD: _____

BIRTH WEIGHT: _____

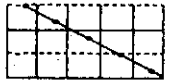
Watch the direction of the line showing the child's health



GOOD
Means the child is growing well



DANGER
Find out why? and advise



VERY DANGEROUS
May be ill, needs extra care

KILOGRAMS

WRITE THE MONTH OF BIRTH IN THE HEAVILY MARKED BOXES

Birth - 1 year

1-2 years

2-3 years

3-4 years

4-5 years

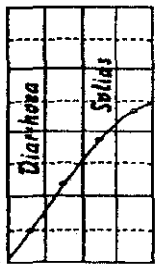
REASON FOR SPECIAL CARE

- Birthweight less than 2.5 kg
- Birth less than 2 years after last birth
- Fifth child or more
- Single Parent
- Brother or sisters undernourished
- Twins
- Four or more children in family died

RECORD ON THE CHART

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

Like this



CLINIC NOTES

Mpeleke mtoto wako
kwa kliniki kila mwezi

BRING THE CHILD
TO THE CLINIC EVERY MONTH

Kila mtoto lazima awe
na cheti cha kuzaliwa

EVERY CHILD MUST
HAVE A BIRTH CERTIFICATE

CHILD HEALTH CARD

MINISTRY OF HEALTH
KENYA EXPANDED PROGRAMME ON IMMUNIZATION

HEALTH FACILITY NAME:				
SERVICE DELIVERY POINT(SDP) No:				
CHILD'S NAME:				
SEX:	MALE		FEMALE	
CHILD'S CLINIC No:		DATE FIRST SEEN:		
DATE OF BIRTH:				
PLACE OF BIRTH:	HOME		HEALTH FACILITY	
FATHER'S NAME:				
MOTHER'S NAME:				
PROVINCE:				
DISTRICT:				
DIVISION:				
LOCATION:				
ESTATE/VILLAGE:				
P. O. Box:		Town:		
Telephone:				

ANY ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)
DATE OF AEFI:
DESCRIBE;

ANTIGEN/VACCINE:
BATCH NUMBER:
MANUFACTURE DATE:
EXPIRY DATE:
MANUFACTURER'S NAME:

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

Onyesha kadi hii kila mara
uendapo kliniki ya watoto

SHOW THIS CARD ON EVERY VISIT

IMMUNIZATIONS

PROTECT YOUR CHILD

Sign when child fully immunized(FIC)	Age in Months	Date	Sign

BCG VACCINE: at birth			
(Intra-dermal left fore-arm)		Date Given	Date of next visit
Dose: (0.05mls for child below 1year)			
Dose: (0.1mls for child above 1year)			
BCG-Scar Checked	DATE CHECKED	PRESENT	
		ABSENT	
	DATE REDONE		

ORAL POLIO VACCINE (OPV)	Date Given	Date of next visit
Dose: 2 drops orally		
Birth Dose: at birth or within 2 weeks (OPV 0)		
1st Dose at 6 weeks (OPV 1)		
2nd Dose at 10 weeks (OPV 2)		
3rd Dose at 14 weeks (OPV 3)		

DIPHTHERIA/PERTUSSIS/TETANUS/HEPATITIS B/ HAEMOPHILUS INFLUENZAE Type b	Date Given	Date of next visit
Dose: (0.5mls) Intra Muscular left outer thigh		
1st Dose at 6 weeks		
2nd Dose at 10 weeks		
3rd Dose at 14 weeks		

PNEUMOCOCCAL VACCINE (PCV 10)	Date Given	Date of next visit
Dose: (05)ml Intra-Muscular Right Outer Thigh		
1st Dose at 6 weeks		
2nd Dose at 10 weeks		
3rd Dose at 14 weeks		

MEASLES VACCINE at 9 Months	Date Given
Dose: (0.5mls) Subcutaneously outer right upper arm	

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

VITAMIN A CAPSULE: Given orally		Tick age given	Date of next visit
At first contact at/or after 6 months of age			
Dose	Age		
100,000 IU	at 6 months		
200,000 IU	at 12 months (1 year)		
200,000 IU	at 18 months (1 1/2 years)		
200,000 IU	at 24 months (2 years)		
200,000 IU	at 30 months (2 1/2 years)		
200,000 IU	at 36 months (3 years)		
200,000 IU	at 42 months (3 1/2 years)		
200,000 IU	at 48 months (4 years)		
200,000 IU	at 54 months (4 1/2 years)		
200,000 IU	at 60 months (5 years)		