

Replacement Card



JAMMEH FOUNDATION HOSPITAL (BUNDUNG)

INFANT WELFARE CARD

RISK COLOUR CODE

CHILD'S NUMBER

JPPH / 78 / 08

PERSONAL HISTORY:

Child's Name: <u>Hadiatou Boyang</u>	Date of Birth: <u>18 10 07</u>
Mother's Name: <u>Amie Couy Boyang</u>	Tribe or Ethnic Group: <u>1019</u>
Father's Name: <u>Mustapha Boyang</u>	Place of Delivery:
Address/Name of Village and Compound  <u>Bundung</u>	Health Facility <input type="checkbox"/> Home <input type="checkbox"/>
	Health Worker <input type="checkbox"/> TBA <input type="checkbox"/> Other <input type="checkbox"/>
Welfare Clinic	Sex _____ Birth Weight _____
	Date First Seen _____

BROTHERS AND SISTERS

Year of Birth	Sex	Alive and Well	Age at Death

HOME VISITS:

Date	Outcome

IMMUNIZATION RECORD

	DATE REQUIRED	DATE RECEIVED
<b>ANTI-TUBERCULOSIS IMMUNIZATION</b> BCG Injection (at birth or soon after) Date of recognizing BCG scar	_____	<u>12.2.08</u>
<b>HEPATITIS B IMMUNIZATION</b>	_____	<u>12.2.08</u>