

*Suklun*  
*248*  
*297*

*13-11-20*  
 CHILD'S NUMBER

*BRW/SK | 378/a*

PERSONAL HISTORY

Child's Name <i>Nyanya Darboe</i>	Date of Birth <i>14/9/9</i>
Mother's Name <i>Alimatah Sallah</i>	Tribe or Ethnic Group <i>mandinka</i>
Father's Name <i>Lamin Darboe</i>	Place of Delivery:
Address / Name of Village and Compound <i>clo Brususi</i>	Health Facility <input checked="" type="checkbox"/> Home <input type="checkbox"/>
	Health Worker <input type="checkbox"/> TBA <input type="checkbox"/> Other <input type="checkbox"/>
Welfare Clinic: <i>Bafrao wu c</i>	Sex <i>F</i> Birth Weight <i>3.1kg</i>
	Date first Seen <i>24/9/9</i>

BROTHERS AND SISTERS:

Year of Birth	Sex	Alive and Well	Age at Death
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HOME VISITS:

Date	Outcome

IMMUNISATION RECORD:

	DATE REQUIRED	DATE RECEIVED
<b>ANTI - TUBERCULOSIS AND HEPATITIS IMMUNISATION</b>		
BCG injection (at birth or soon after)	<i>24/9/9</i>	<i>24/9/09</i>
Date of recognizing BCG scar	<i>24/9/09</i>	<i>24/9/09</i>
Hepatitis B (at birth or soon after)		
<b>POLIOMYELITIS IMMUNISATION</b>		
Polio 0 (at birth or soon after)	<i>24/9/9</i>	<i>24/9/09</i>
Polio 1 (at the age of 2 months)	<i>12/11/09</i>	<i>12/11/09</i>
Polio 2 (one month after second dose)	<i>10/12/09</i>	<i>10/12/09</i>
Polio 3 (one month after third dose)	<i>7/01/10</i>	<i>7/01/10</i>
Polio 4 (at the age of nine month or later)	<i>8/7/10</i>	<i>8/7/10</i>
Booster (at the age of eighteen month or later)		<i>7/7/11</i>
<b>PENTAVALENT IMMUNISATION (DPT - HEPB - Hib)</b>		
	<i>12/11/09</i>	<i>12/11/09</i>