

meas/es camp 17/12/11  
200-00111

CHILD'S NUMBER OTHe/323/10

PERSONAL HISTORY

Child's Name <u>Saikou Mannel</u>	Date of Birth <u>19.9.2010</u>
Mother's Name <u>Fatoumata Jannel</u>	Tribe or Ethnic Group <u>Mandinka</u>
Father's Name <u>Kunta Mannel</u>	Place of Delivery: <u>Mbowen clinic</u>
Address / Name of Village and Compound <u>Latinkunda</u>	Health Facility <input checked="" type="checkbox"/> Home <input type="checkbox"/>
	Health Worker <input type="checkbox"/> TBA <input type="checkbox"/> Other <input type="checkbox"/>
Sex <u>M</u>	Birth Weight <u>3kg</u>
Welfare Clinic: <u>OTHe</u>	Date first Seen

BROTHERS AND SISTERS:

Year of Birth	Sex	Alive and Well	Age at Death
<u>2007</u>	<u>M</u>	<input checked="" type="checkbox"/>	<u>3 days</u>
<u>2008</u>	<u>F</u>	<input type="checkbox"/>	

HOME VISITS:

Date	Outcome

IMMUNISATION RECORD:

	DATE REQUIRED	DATE RECEIVED
<b>ANTI - TUBERCULOSIS AND HEPATITIS IMMUNISATION</b>		
BCG injection (at birth or soon after)		<u>8.10.10</u>
Date of recognizing BCG scar		<u>20.9.10</u>
Hepatitis B (at birth or soon after)		
<b>POLIOMYELITIS IMMUNISATION</b>		
Polio 0 (at birth or soon after)	<u>22/11/10</u>	<u>20.9.10</u>
Polio 1 (at the age of 2 months)	<u>22/12/10</u>	<u>22.11.10</u>
Polio 2 (one month after second dose)	<u>21-2-11</u>	<u>27.12.10</u>
Polio 3 (one month after third dose)		
Polio 4		
<b>DIPHTHERIA AND PERTUSSIS IMMUNISATION</b>		
Pen (one month after first injection)	<u>27/12/10</u>	<u>25.12.10</u>
Pentavalent 3 (one month after second injection)	<u>21-2-11</u>	<u>21-2-11</u>
DPT Booster (one year after third injection)		<u>12-3-12</u>
<b>PNEUMOCOCCAL CONJUGATE VACCINE IMMUNISATION</b>		
Pneumo 1 (at the age of two months)	<u>22/11/10</u>	<u>22-11-10</u>
Pneumo 2 (one month after first injection)	<u>21/12/10</u>	<u>27.12.10</u>
Pneumo 3 (one month after second injection)	<u>21-2-11</u>	<u>21-2-11</u>
<b>MEASLES IMMUNIZATION</b>		
Measles Injection (at the age of 9 months or later)	<u>16-8-11</u>	<u>16/8/11</u>
<b>YELLOW FEVER IMMUNIZATION</b>		
Yellow Fever Injection (at the age of 9 months or later)	<u>16-8-11</u>	<u>16/8/11</u>
<b>Vitamin A</b>		
1st Dose 100,000 IU at 6 months	<u>2/3/11</u>	<u>21.8.11</u>
2nd Dose 200,000 IU at 12 months	<u>10/10/11</u>	<u>12.10.11/mbs</u>
3rd Dose 200,000 IU at 18 months	<u>7.5.12</u>	<u>7-5-12/mbs</u>
4th Dose 200,000 IU at 24 months		
5th Dose 200,000 IU at 30 months		
6th Dose 200,000 IU at 36 months		
7th Dose 200,000 IU at 42 months		
8th Dose 200,000 IU at 48 months		
9th Dose 200,000 IU at 54 months		
10th Dose 200,000 IU at 60 months		
Post Partum Mothers Vitamin A 200,000 IU (within 8 weeks after delivery)		<u>20.9.10</u>

Received LLIN	
Date:	
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
(TT (MOTHERS ONLY))	
Dose	Date
TT 1	
TT 2	
TT 3	
TT 4	
TT 5	