

Date of delivery: <div style="display: flex; justify-content: space-between;"> <span><u>  </u>/<u>  </u>/<u>  </u> day month year</span> <span><u>  </u>:<u>  </u>:<u>  </u> <input type="checkbox"/> AM / <input type="checkbox"/> PM</span> </div>		<b>Delivery Notes</b> : Labor duration: <u>  </u> hrs Meconium stained fluid <input type="checkbox"/> Yes <input type="checkbox"/> No Required mask ventilation <input type="checkbox"/> Yes <input type="checkbox"/> No Required chest compressions <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Notes:
Estimated gestational age: <u>  </u> Weeks <u>  </u> Days	Apgar score 1 min: <u>  </u> 5 min: <u>  </u> <input type="checkbox"/> Unknown	
<b>Status of Infant at Delivery</b> (tick one) <input type="checkbox"/> Alive <input type="checkbox"/> Macerated Stillbirth <input type="checkbox"/> Fresh Stillbirth		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>Infant Physical Exam After Delivery</b> <input type="checkbox"/> Able to perform <input type="checkbox"/> Unable to perform <i>If unable to perform, skip this section</i>				
<b>Vital signs</b>  Birth weight (g) <u>  </u> / <u>  </u> / <u>  </u> Head Circumference (cm) <u>  </u> / <u>  </u> Length (cm) <u>  </u> / <u>  </u> Heart rate (bpm) <u>  </u> / <u>  </u> Respiratory Rate (/min) <u>  </u> / <u>  </u> Temperature (°C) <u>  </u> / <u>  </u> . <u>  </u>  <b>Any congenital anomaly noted?</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>If yes, specify:</i> _____  <i>*If Yes, record on AE CRF and report as SAE*</i>	<i>Mark any abnormal physical findings</i>			
<b>Head</b> <input type="checkbox"/> Normal <input type="checkbox"/> Fused bones <input type="checkbox"/> Abnormal shape <input type="checkbox"/> Bruising <input type="checkbox"/> Fontanelles sunken <input type="checkbox"/> Fontanelles bulging <b>Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Low-set <input type="checkbox"/> Uneven <input type="checkbox"/> Skin tags <b>Eyes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Wide-set <input type="checkbox"/> Narrow <input type="checkbox"/> Lack of red reflex <b>Face</b> <input type="checkbox"/> Normal <input type="checkbox"/> Grossly abnormal <input type="checkbox"/> Palsy	<b>Mouth</b> <input type="checkbox"/> Normal <input type="checkbox"/> Lack of suckling reflex <input type="checkbox"/> Poor suck <input type="checkbox"/> Cleft palate <b>Clavicles</b> <input type="checkbox"/> Normal <input type="checkbox"/> Diminished arm movement specify side: <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Clavicle broken specify side: <input type="checkbox"/> R <input type="checkbox"/> L <b>Chest</b> <input type="checkbox"/> Normal <input type="checkbox"/> Breast Hypertrophy <input type="checkbox"/> Pulmonary wheeze <input type="checkbox"/> Pulmonary crackles <input type="checkbox"/> Heart murmur <b>Hips</b> <input type="checkbox"/> Normal <input type="checkbox"/> Congenital Dislocation specify side: <input type="checkbox"/> R <input type="checkbox"/> L	<b>Abdomen</b> <input type="checkbox"/> Normal <input type="checkbox"/> Splenomegaly <input type="checkbox"/> Hepatomegaly <input type="checkbox"/> Abdominal wall defect <input type="checkbox"/> Rigid <input type="checkbox"/> Abnormal umbilical cord <input type="checkbox"/> Accessory nipple <b>Genitals</b> <input type="checkbox"/> Normal <input type="checkbox"/> Ambiguous genitalia <input type="checkbox"/> Hypospadias (M) <input type="checkbox"/> Undescended testis (M) <input type="checkbox"/> Clitoral enlargement (F) <b>Back</b> <input type="checkbox"/> Normal <input type="checkbox"/> Meningomyelocele <input type="checkbox"/> Sacral dimple hair tuft <input type="checkbox"/> Spinal misalignment <input type="checkbox"/> Abnormal or lack of curl-up	<b>Reflex/Muscle Tone</b> <input type="checkbox"/> Normal <input type="checkbox"/> Lack of head control <input type="checkbox"/> Lack of grasp reflex <input type="checkbox"/> Lack of startle reflex <b>Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Pallor <input type="checkbox"/> Cyanosis <input type="checkbox"/> Lanugo hair thin and delicate <b>Anal Exam</b> <input type="checkbox"/> Normal <input type="checkbox"/> imperforate anus <b>Extremities</b> <input type="checkbox"/> Normal <input type="checkbox"/> Polydactyly <input type="checkbox"/> Syndactyly <input type="checkbox"/> Club foot specify side: <input type="checkbox"/> R <input type="checkbox"/> L <div style="text-align: right;">Initials: _____</div>	

Routine Medications + Vaccines		Disposition			Date/Time of Discharge or Death		Heel stick for metabolic testing
Vitamin K <input type="checkbox"/> Given <input type="checkbox"/> Not given		<input type="checkbox"/> Alive at discharge home <input type="checkbox"/> Alive after home birth <input type="checkbox"/> Alive at transfer for other hospital : _____ <input type="checkbox"/> Died at home <input type="checkbox"/> Died in hospital <i>(complete Subject Death CRF if child died)</i>			<input type="checkbox"/> N/A  <div style="display: flex; justify-content: space-between;"> <span><u>  </u>/<u>  </u>/<u>  </u> day month year</span> <span><u>  </u>:<u>  </u>:<u>  </u> <input type="checkbox"/> AM / <input type="checkbox"/> PM</span> </div>		<input type="checkbox"/> Collected <input type="checkbox"/> Not collected  <div style="display: flex; justify-content: space-between;"> <span><u>  </u>/<u>  </u>/<u>  </u> day month year</span> <span><u>  </u>:<u>  </u>:<u>  </u> <input type="checkbox"/> AM / <input type="checkbox"/> PM</span> </div>
Ophthalmic tetracycline <input type="checkbox"/> Given <input type="checkbox"/> Not given							
Polio vaccine <input type="checkbox"/> Given <input type="checkbox"/> Not given							
BCG vaccine <input type="checkbox"/> Given <input type="checkbox"/> Not given							

Diagnoses given	Code	Medications prescribed	Code	Dose	Frequency	Duration to be dispensed

Date of first scheduled clinic visit: <u>  </u> / <u>  </u> / <u>  </u> <input type="checkbox"/> N/A <div style="display: flex; justify-content: space-between;"> <span>day month year</span> </div>	Initials: _____
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