



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

# HMIS EPI 003: CHILD HEALTH CARD

Health workers should use this card as an immunization record and education document for mothers

Child/SPT No:	NIN																		
Child's Name:																			
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>										Birth Weight (Kg):									
Birth Order:										Date of Birth: <input type="text"/>									
Mother's Contact										Mother's Name									
Father's Contact										Father's Name									
Mother's Occupation:										Father's Occupation:									
Place of birth (E.g. Health facility name):																			
Address of the Child:																			
District:										Sub County/Division:									
Parish/Ward:										LC 1/Village/Cell:									

## TICK REASONS FOR SPECIAL CARE

Birth Weight less than 2.5 Kg		Brothers and Sisters Malnourished	
Birth defect		Mother dead	
Other handicaps or illness		Father dead	
Fifth child or more		3 or more children in family dead	
Birth less than 2 years after last birth		Multiple birth child	
Severe Jaundice		Birth Asphyxia	

Any reason for Special Attention:

*Please carry this card every time you bring your child for care or attention*

Please Administer Vitamin A and Deworming Doses as Follows Depending on the strength of the Tablet

Vitamin A	6 months	100,000IU
	1 year & above	200,000IU
Deworming	1 year	200mg Albendazole/250mg Mebendazole
	2 years & above	400mg Albendazole/500mg Mebendazole

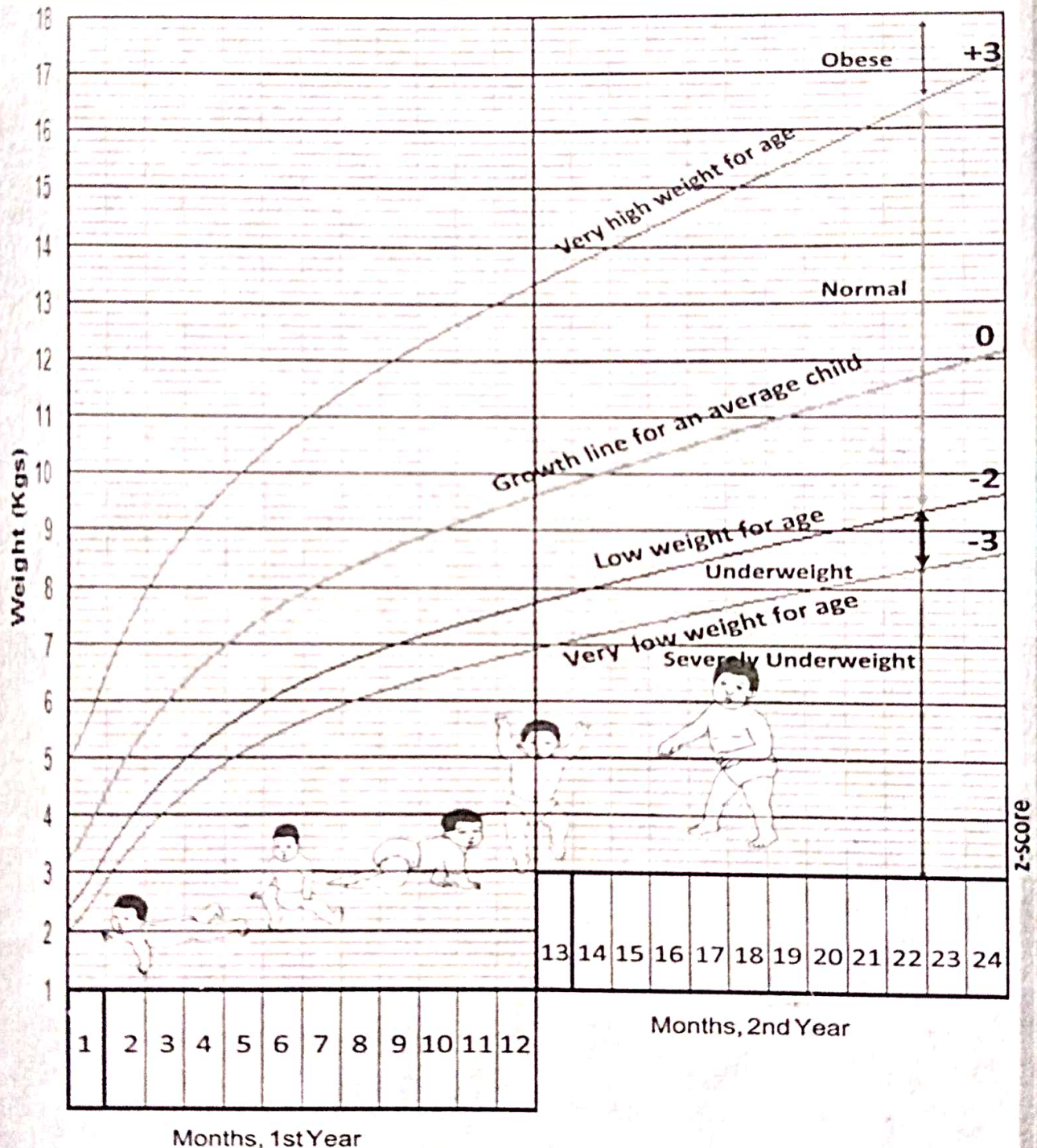




# GROWTH MONITORING A

Important: Give your baby only b  
Add foods and other li

## Weight-for-Age: GIRLS (Birth to 2 years)



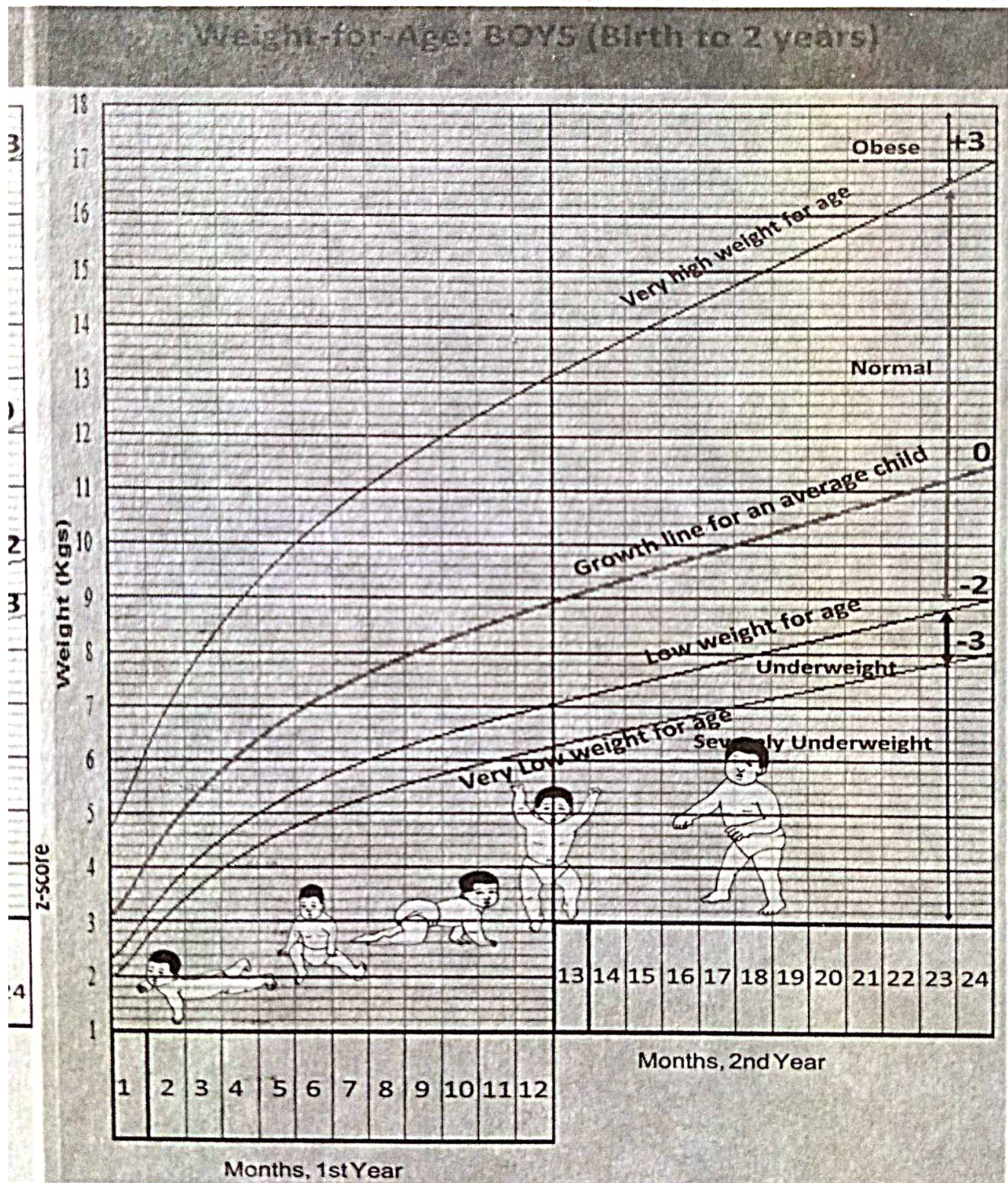
### During Health Education discuss:

1. Breast feeding
2. Maternal Nutrition
3. HIV and AIDS
4. Immunization and Vitamin A supplementation
5. Feeding the baby during illness and aGer illness
6. Other foods from 6 months of age
7. Frequency of feeding
8. Clean food and water
9. Child spacing
10. Sanitation and hygiene
11. Tuberculosis (TB)



# G AND PROMOTION CHART

only breast milk for the first 6 months.  
 er liquids only at 7 months



*Weigh the child during each visit, properly record on the card and interpret to the mother or caretaker.*



# INFANT & YOUNG CHILD FEEDING

Time	Birth	1w	6w	10w	14w	6m	9m	12m	18m	24m
IYCF Code										

## Infant and Young Child Feeding (IYCF) Codes

EBF — Exclusive Breast Feeding

RF — Replacement Feeding

MF — Mixed Feeding

CF — Complementary Feeding

Mother's PMTCT Code:

CODE	CODE	CODE
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX

Results of the child at 6weeks: Reactive ☐ Non-Reactive ☐

Results of the child at 9mths: Reactive ☐ Non-Reactive ☐

6wks aGer cessation of breastfeeding: Reactive ☐ Non-Reactive ☐

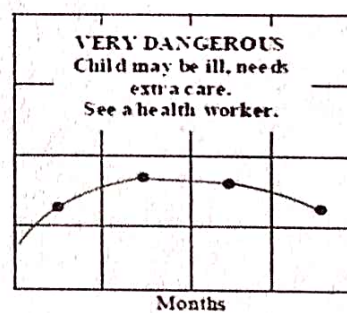
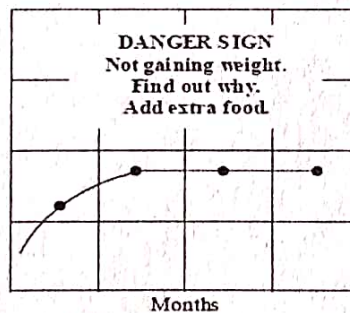
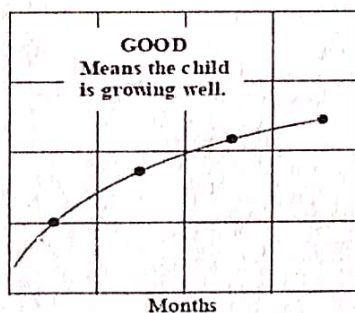
Results of the child at 18mths: Reactive ☐ Non-Reactive ☐

Child Initiated on treatment? Yes ☐ No ☐

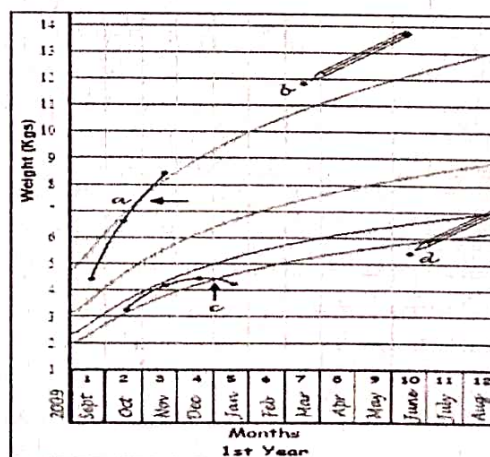
Date Child initiated on treatment: DD/MM/YYYY

## Watch the line showing the child's growth:

The growth curve should continue to go up every time you have your child weighed.



- A child is severely over-weight for his or her age when the growth line crosses the upper-most curve ("a") or the weight lies above the upper-most curve ("b")
- A child is severely under-weight when the growth curve crosses the lower-most curve ("c") or the weight lies below the lower-most curve ("d")



Spend time with your child. Playing with him or her; talking to him or her; and encouraging him or her to learn will help him or her to develop.

## EDUCATION, COUNSELLING AND REFERRAL INFORMATION

Record all information given on Growth, Nutrition, Immunization, Illness, booster doses and any other antigens (Cholera, Yellow Fever, Typhoid, etc.)

[illegible]



## IMMUNIZATION

Immunization protects your child against serious diseases. Take your child for Immunization even if the scheduled date is missed. Is baby protected at birth? Yes ☐ No ☐ (please tick)

Follow and complete the immunization schedule below:

TIME	VACCINE	PROTECTS AGAINST	MODE OF ADMINISTRATION	DATE GIVEN
At Birth	BCG	Tuberculosis	Intradermal Injection on Right Upper Arm	
	Hep B zero dose	Hepatitis B	Intramuscularly, Outer Upper Aspect of Left Thigh	
	Polio 0	Polio	2 Oral drops	
AT 6 Weeks	Polio 1	Polio	2 Oral drops	
	Rota 1	Rota Virus Diarrhea	Orally-Slow administration on inner aspect of the cheek	
	PCV 1	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	
	IPV1	Polio	Intramuscularly, outer Upper aspect of Right Thigh, 2cm from PVC Site	
	DPT-HepB Hib 1	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	
AT 10 Weeks	Polio 2	Polio	2 Oral drops	
	Rota 2	Rota Virus Diarrhea	Orally-Slow administration on inner aspect of the cheek	
	PCV 2	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	
	DPT-HepB Hib 2	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	
At 14 Weeks	Polio 3	Polio	2 Oral drops	
	PCV 3	Pneumococcal Pneumonia	Intramuscularly, outer Upper aspect of Right Thigh	
	IPV2	Polio	Intramuscularly, outer Upper aspect of Right Thigh, 2cm from PVC Site	
	DPT-HepB-Hib 3	Diphtheria/Tetanus/Whooping Cough /Hepatitis B/Hemophilus Influenza type B	Intramuscularly, Outer Upper Aspect of Left Thigh	
At 9 Months	Measles Rubella 1 (MR1)	Measles and Rubella	Subcutaneously, Left Upper Arm	
	Yellow Fever	Yellow Fever	Subcutaneously, Upper aspect of Right Arm	
At 18 Months	Measles Rubella 2 (MR2)	Measles and Rubella	Subcutaneously, Left Upper Arm	

**Note:** Administer Vitamin A to children starting at 6 months to less than 5 years at an interval of 6 months. Deworming is done starting at 1 year to 14 years in intervals of 6 months.

### VITAMIN A & DEWORMING

AGE	VITAMIN A DATE GIVEN	DEWORMING DATE GIVEN
6 Months		
1 Year		
1.5 Years		
2 Years		
2.5 Years		
3 Years		
3.5 Years		
4 Years		
4.5 Years		
5 Years		

Received LLIN: YES ☐ NO ☐ Why?