

↑ write birth month

3 to 4 Years

↑ write birth month

4 to 5 Years

# Road to Health Chart

IMPORTANT: always bring this chart when you visit any health clinic, doctor or hospital and present the chart on school entry



Department of Health

G.P.S. 81/336108

Child's name **ANHILISA** boy ☐ girl ☒

Child's ID number

Date of birth **13 09 2010** Place of birth **KIAMMUNGA HOSPITAL**

Birth weight **3.3kg** Birth length **48cm** Birth head circumference **36cm**

Problems during pregnancy / birth / neonatally

**BBA**

APGAR 1 min. **8** 5 min. **8** Gestational age (wks) **Full Term** Mother's Serology **RPR=+ve RH=+ve**

Mother's file numbers Antenatal: Delivery: **006320/08**

RHC information given by:

Mother's name **LERATO NLOMABA**

Father's name

Who does the child live with?

How many children has the mother had?

Number born  Number alive now  Date information given dd mm yy

Reason(s) for death(s)

Visual screening

Pencil test (> 6 weeks)

Result L yes ☐ no ☐ R yes ☐ no ☐ Date tested dd mm yy

Snellen Chart test: conduct with E chart (5 > years)

Result L  /  R  /  Date tested dd mm yy

Hearing screening

Does baby appear to listen when someone is talking or singing? (at 3 months)

Result yes ☐ no ☐ Date tested dd mm yy

Does baby turn to a loud noise? (at 6 months)

Result L yes ☐ no ☐ R yes ☐ no ☐ Date tested dd mm yy

Voice test: Hearing impairment (> 12 months)

Result ☐ ☐ ☐ ☐ Date tested dd mm yy



# Road to Health Chart (RtHC)

## HEALTH WORKER CONSULTATION SHEET

Child's name :

Date of birth :

dd

mm

yy

Does the child have any allergies?  
Specify:

Date

Clinical notes, diagnosis & treatment (and signature)  
(use key words, write legibly - 2 to 8 lines per visit)

13/09/12 AZT 12mls and NVP 0.1mls  
given. Catal

28.9.10 SFAT collection of FF  
common.

FF - New-polygon 3  
tins given

Bilio PCR done



AGFC9523

23/11/2010 Mass - 5,59kg

- For - Collection of Formular.

- 06 Tins given.

21/12/10 tin milk issued  
(6x1 milk)

18/01/2011 Mass - 7,33kg

- Baby is growing well.

- For collection of Formular.

- 04 tins given.

12/10/11 New-f. Zewel Zewel

continue in column

Date

Clinical notes, diagnosis & treatment (and signature)  
(use key words, write legibly - 2 to 8 lines per visit)

13/1/12 PW 13+ Vit A  
2nd low 34 for  
Campaign given.

13/9/12 Zewel Zewel  
Zewel Zewel

Date

continue in column



# VITAMIN A SUPPLEMENTATION

Supplementation: age in months	Schedule	Date given day / month / year	Signature	
<b>PROPHYLAXIS</b>				
Mother at delivery (not later than 6-8 weeks)	1 x 200 000 IU			
Infant not breastfed (at 6 weeks)	1 x 50 000 IU			
At 6 months* (up to 11mths)	1 x 100 000 IU	22 02 11	<i>[Signature]</i>	
At 12 - 60 months (mark with X)	1 x 200 000 IU every 6 months	12mths	18mths	24mths
		30mths	36mths	42mths
		48mths	54mths	60mths

13/10/11 133 12/1309 2

## TREATMENT OF :

(NOT if prophylactic dose was given within previous month)

Dosage according to following age group: 2-5mths: 50 000IU  
6-11mths: 100 000IU  
(See IMCI classification) 12-60mths: 200 000IU

Persistent diarrhoea/ Diarrhoea with severe dehydration	Immediate	1 x ..... IU		
Measles	Immediate	1 x ..... IU		
	24h repeat	1 x ..... IU		
Xerophthalmia	Immediate	1 x ..... IU		
	24h repeat	1 x ..... IU		
Severe malnutrition	Immediate	1 x ..... IU		

\* Allow a period of at least one month between doses

## A PASSPORT FOR HEALTHY CHILDREN

Show mothers you value the use of the Road to Health Chart  
and they will take care of it

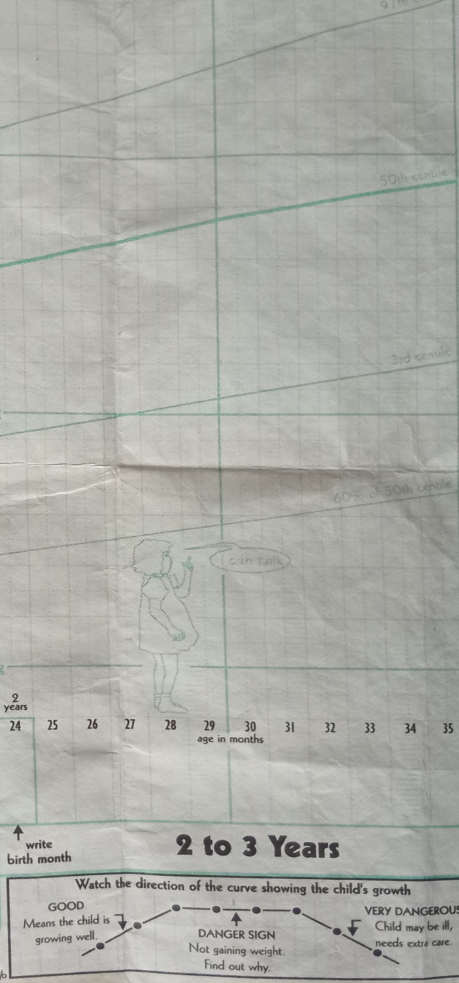
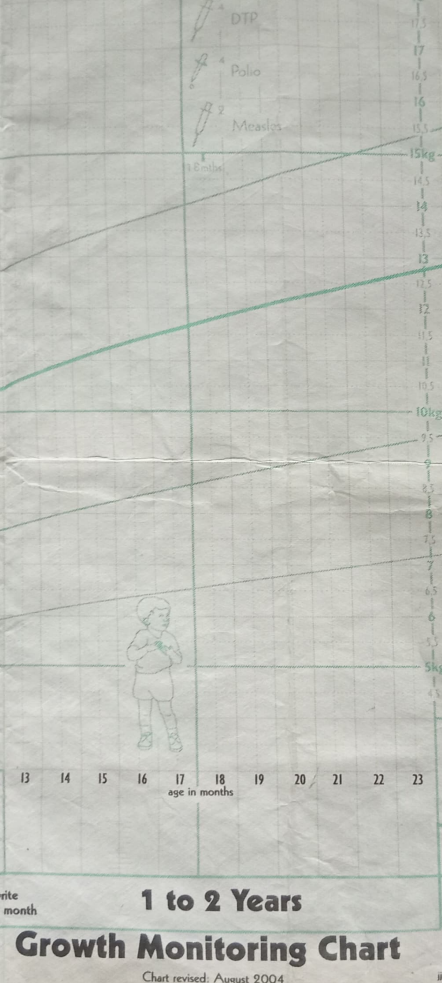
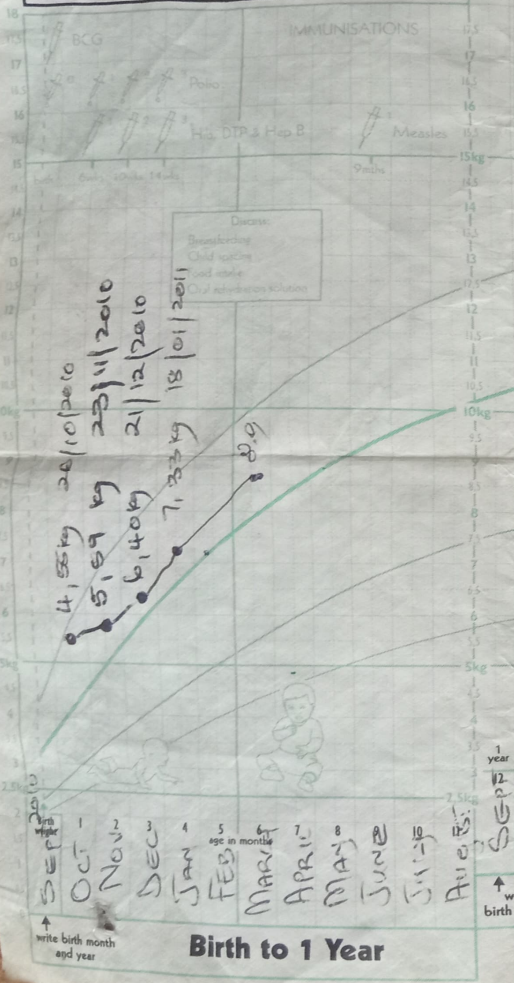
ADMISSIONS

Discharge diagnosis



Child's name:

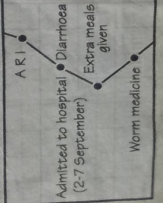
Date for next visit



nr.	day	month	year
1	25	10	2010
2	23	11	2010
3	21	12	2010
4	18	01	2011
5	15	02	2011
6	9	11	2011
7	12	11	2011
8	16	12	2011
9	24	01	2012
10	29	02	2012
11	/	/	/
12	/	/	/
13	/	/	/
14	/	/	/
15	/	/	/
16	/	/	/
17	/	/	/
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24	/	/	/

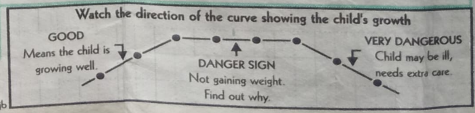
- Write on the chart**
- Any illness e.g.
    - diarrhoea,
    - ARI, etc.
  - Admission to hospital,
  - Solids introduced,
  - Breastfeeding stopped,
  - Birth of next child, etc.

like this:



# **1 to 2 Years** **Growth Monitoring Chart**

Chart revised: August 2004



## **2 to 3 Years**



# Road to Health Chart

IMPORTANT: always bring this chart when you visit any health clinic, doctor or hospital and present the chart on school entry



G.P.S. 81/336106

Child's name: **ANHLISA** boy/girl: ☒ boy ☐ girl

Child's ID number:   

Date of birth: **13 09 2010** Place of birth: **KRAMMUNHUT HOSPITAL**

Birth weight: **3.3kg** Birth length: **48cm** Birth head circumference: **36cm**

Problems during pregnancy / birth / neonatally:   

**BBA**

APGAR 1 min. **8/9** Gestational age (wks): **Full Term** Mother's Serology: **RPR=nc RH=nc**

5 min. Antenatal: **006320/08** Delivery: **006320/08**

Mother's life numbers:   

Referral information given by:   

Mother's name: **LERATO MORABA**

Father's name:   

Who does the child live with?   

How many children has the mother had?

Number born:                              

Number alive now:                              

Reason(s) for death(s):   

**Visual screening**

Penill test (< 6 weeks)

Result: L ☐ yes ☐ no R ☐ yes ☐ no Date tested: dd/mm/yy

Snellen Chart test, conducted with E-chart (5 > years)

Result: L ☐ yes ☐ no R ☐ yes ☐ no Date tested: dd/mm/yy

**Hearing screening**

Does baby appear to listen when someone is talking or singing? (at 3 months)

Result: ☐ yes ☐ no Date tested: dd/mm/yy

Does baby turn to a loud noise? (at 6 months)

Result: L ☐ yes ☐ no R ☐ yes ☐ no Date tested: dd/mm/yy

Voice test: Hearing impairment (> 12 months)

Result: ☐ no ☐ mild ☐ moderate ☐ severe Date tested: dd/mm/yy

## IMMUNISATIONS

Batch no:	Vaccine	Site	Date given	Signature
109067C	Polio 0	Right arm	28 07 2010	MD
ES320	Polio 1	Oral	28 07 2010	
ES320	Polio 2	Oral	26 10 2010	
AROLA 206CA	Polio 3	Thigh	26 10 2010	
PCV7 E69503	Polio 4	Thigh	26 10 2010	
9C371/0	DTaP 1 (combined)	Left thigh	26 10 2010	
ES320	DTaP 2	Right thigh	26 10 2010	
	DTaP 2	Oral	23 11 2010	
	DTP 2	Left thigh		
	Hib 2	Left thigh		
	DTaP 3 (combined)	Left thigh		
9C331/0	DTaP 3	Right thigh	23 11 2010	
ES320	DTaP 4	Oral	21 12 2010	
AROLA 202AB	DTaP 5	Thigh	21 12 2010	
PCV7 E00523	DTaP 6	Thigh	21 12 2010	
DTA E0456	DTaP 7	Thigh	21 12 2010	
9C371/0	DTaP 8	Right thigh	21 12 2010	
ES068	Measles	Right thigh	13/06/11	
ES068	Measles	Left thigh	13/06/11	
	DTaP 4	Oral	12/3/12	
	DTaP 4	Left arm		
95332	Measles 2	Right arm	13 3 12	
	Polio 5	Oral		
M7252	DT 1	Left arm	18/07/2017	

**BOOSTERS**

In need of special care (mark with X)

Was the baby less than 2.5kg at birth? ☐ yes ☐ no Are any brothers or sisters underweight? ☐ yes ☐ no

Is the baby a twin? ☐ yes ☐ no Is the baby bottle fed? ☐ yes ☐ no

Household TB contact? ☐ yes ☐ no Does the mother need more family support? ☐ yes ☐ no

Are there any reasons for taking extra care? ☐ yes ☐ no (for example, single parent etc.)

**Address of clinic(s) visited**

Clinic 1:   

Clinic 2: