



MBOWEN CLINIC



CHILD'S NUMBER

00125121

A. PERSONAL HISTORY

Child's Name: <u>Abdoulie Foon</u>	Date of Birth: <u>21/03/21</u>
Mother's Name: <u>Ramatoulie Bah</u>	Birth Registration No:
Father's Name: <u>Babucarr Foon</u>	Place of Delivery:
Address / Name of Village and Compound <u>Kerr Seng</u>	Health Facility: <input checked="" type="checkbox"/> Home <input type="checkbox"/>
Tel: <u>301866 3076634</u>	BBA <input type="checkbox"/> TBA <input type="checkbox"/> Other <input type="checkbox"/>
Welfare Clinic: <u>Mbowen</u>	Sex: <u>Male</u> Birth Weight: <u>3.31kg</u>
	Date first Seen: <u>16/04/2021</u>

B. IMMUNISATION RECORD:

DATE REQUIRED

DATE RECEIVED

ANTI-TUBERCULOSIS AND HEPATITIS IMMUNISATION

BCG injection (at birth or soon after)		<u>30/04/21</u>
Date of recognizing BCG scar		
Hepatitis B (at birth or soon after)		<u>22/03/21</u>

POLIOMYELITIS IMMUNIZATION

Polio 0 (at birth or soon after)		<u>22/03/21</u>
Polio 1 (at the age of 2 months or soon after)		<u>21/05/21</u>
Polio 2 (one month after second dose)		<u>28/07/21</u>
Polio 3 (one month after third dose)		<u>24/09/21</u>
Polio 4 (at the age of 9 months or later)		
Booster (at the age of 18 months or later)		

PENTAVALENT IMMUNIZATION (DPT-HEPB-Hib)

Pentavalent 1 (at the age of 2 months or soon after)		<u>21/05/21</u>
Pentavalent 2 (one month after first injection)		<u>25/06/21</u>
Pentavalent 3 (one month after second injection)		<u>30/07/21</u>
DPT Booster (one year after third injection)		

PNEUMOCOCCAL CONJUGATE VACCINE IMMUNIZATION

Pneumo 1 (at the age of 2 months or soon after)		<u>21/05/21</u>
Pneumo 2 (one month after first injection)		<u>25/06/21</u>
Pneumo 3 (one month after second injection)		<u>30/07/21</u>

ROTA IMMUNIZATION

Rota 1 (at the age of 2 months or soon after)		<u>21/05/21</u>
Rota 2 (one month after first dose)		<u>25/06/21</u>
Rota 3 (one month after second dose)		

MEASLES IMMUNIZATION

Measles 1 (at the age of 9 months or soon after)		
Measles 2 (at the age of 18 months or soon after)		

YELLOW FEVER IMMUNIZATION

Yellow Fever (at the age of 9 months or soon after)		
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Vitamin A

Date Received

1st Dose 100,000 IU at 6 months	<u>24/09/21</u>
2nd Dose 200,000 IU at 12 months	
3rd Dose 200,000 IU at 18 months	
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	

Mebendazole

Date Received

1st Dose at 12 months	
2nd Dose at 18 months	
3rd Dose at 24 months	
4th Dose at 30 months	
5th Dose at 36 months	
6th Dose at 42 months	
7th Dose at 48 months	
8th Dose at 54 months	
9th Dose at 60 Months	

Received LUN

Date:	
Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
(TT - MOTHERS ONLY)	
Dose	Date
TT 1	
TT 2	
TT 3	<u>21/01/21</u>
TT 4	
TT 5	

Post Partum Mothers Vitamin A 200,000 IU (within 8 weeks after delivery)

22/03/21

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IPC-30/07/21