Serial N	lo	СН	ILD UNIQUE NUMBER (CWC			Z O H						unty	/ e /	uber	s	Weight	u cm	Height/length			Vit A	<u> </u>		on(6-23	ones ntrol,2=			. Up to	ears 1	ces	# :: ::		÷.		
	([Date DD:MM:YYYY)		Type Of Vi New Visit, 2 =	sit,1 = Re-Visit	BIRTH NOTIFICA (NUMBER)	Full Names	(Three Name	es)	Age	Sex	County/Sub Co	Village / Estat Landmark	Telephone nun	Weight in Kg	categories: (1=Normal, 2=UW 3= SUW 4=OW 5=Obese)	Height / Length i	categories: (1= Normal 2=Stunted 3= Sev. Stunted)	MUAC (1=green 2= Yellow	Exclusive Breast feedi (less than (months) (Y/I	ling (6-59 6 11m (/N) mon	onths, 2=12-	:6- \ \overline{\mathbb{Z}}	MNPs Supplementati children)	ssessed fo mental milk g 1= Head (=3 talking,	Any Danger signs 1.=Unable to breastfeed 2= Unable to drink,3=Vomits everything 4.=Bloody Diarrhoea, 5= has oedema, 6=Has	ability	Immunization Status Date (Y/N)	LIN given to Under y Y/N)	Follow up for: 1= Nutrition servic 2= Rehabiliation serv	1=referred from CU; 2 Referred from another 3=Not applicable	=Referred to CU;	2=Referred to another 3=Not applicable Reason for referralspecify	R	Remarks
Α		В	С	D		E		F		G	Н	I	J	K	L	M	N	0	Р	Q		R	S	Т	U	V	Ŵ	X	Y	Z		AA	AB AC		AD
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Total New Clients:
Total Re- visits:

Total underweight: Total Over weight

Total Stunted:
Total Children on Exclusive Breast Feeding:

Total VAS 6-11Mnths	
Total VAS 12-59 Mnths	
Total Dewormed	
Total Assesed fof developmental milestones	
Total Congenital deformities	
Total with Disability	

		From Other Health Facility:
		From Cu
Referrals		From within facility
Referrais		To Other Health Facility:
		To Community unit
		To within facility