

RISK COLOUR CODE

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CHILD'S NUMBER

Bm/1830/02

PERSONAL HISTORY :

Child's Name <i>Amwatta Kibera</i>	Date of Birth <i>10-9-02</i>
Mother's Name	Tribe or Ethnic Group <i>mandingo</i>
Father's Name <i>ambman Kibera</i>	Place of Delivery :
Address/Name of Village and Compound	Health Facility <input checked="" type="checkbox"/> Home <input type="checkbox"/>
	Health Worker <input checked="" type="checkbox"/> TBA <input type="checkbox"/> Other <input type="checkbox"/>
Welfare Clinic <i>BIAc</i>	Sex <i>female</i> Birth Weight
	Date first Seen <i>2</i>

BROTHERS AND SISTERS :

Year of Birth	Sex	Alive and Well	Age at Death
<i>Approved</i>		<i>BmwDL25</i>	
<i>6/4/19</i>		<i>425</i>	
<i>[Signature]</i>			<i>19</i>

HOME VISITS :

Date	Outcome
<i>2/12/03</i>	<i>V+K 700,000</i>
<i>2/12/04</i>	<i>V+K 200,000</i>
<i>1/1/05</i>	<i>[Signature]</i>

MUNIZATION RECORD :

NT-TUBERCULOSIS MUNIZATION

DATE REQUIRED

DATE RECEIVED