

MY PERSONAL DETAILS

Dear Parents

This is my Health Record Book which you should keep in a safe place. Please bring it every time you visit the Health Centre.

Your loving child,

My Photo

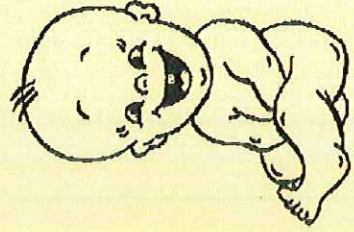
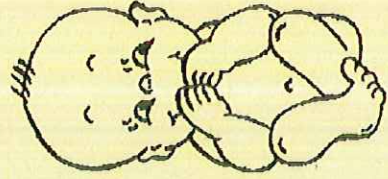
My Name: _____
My Mother's Name: Byju Philip
My Sex: MHC 17898471 BOY
My Nationality: INDIAN
My Address: Sharjah
Thomas (father) 0507442071
My Health Card Number is: _____
My Health Centre is: _____
Located at (address): _____
Telephone Number: _____

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My birth details & health Condition

Date and time of birth: 11-07-12 at 22:01
Place of birth: Dubai Hospital
Type of delivery: Normal vaginal Delivery
Gestational age: 37/52
Delivered by (obstetrician): _____
Condition at birth (Apgar Score): 9-10
Weight at birth: 2.770
Length at birth: 49 cm
Head circumference: 32 cm
I am allergic to: _____
My first appointment to my Center is on: _____
I have also an appointment in: _____
On: _____



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MY FIRST MEDICAL EXAMINATION RECORD



My First Medical Examination Showed: _____

AGA, Term 37/52

Remarks: _____

Eligible For Vaccination: YES NO

Neonatologist: Dr. Meeta Chhabra

Signature: _____

Date of Examination: 12/7/12



VACCINE	GIVEN ON	LOT/BATCH NO	EXPIRY DATE	MANUFACTURER	ROUTE	SITE	DOSE	ADMINISTERED BY
BCG	<u>12/12</u>	<u>0376 1091</u>	<u>9/13</u>	<u>SSI</u>	<u>ID</u>	<u>0.05 ml</u>	<u>left</u>	<u>11/11/12</u>
HBV	<u>12/12</u>	<u>AH8VC 118BC</u>	<u>5/14</u>	<u>GISK</u>	<u>IM</u>	<u>0.5 ml</u>	<u>right thigh</u>	<u>11/11/12</u>



MAM'S BLOOD GROUP: B positive

MY BLOOD GROUP: -

HEARING TEST: 12/07/2012 - both ears pass

CIRCUMCISION (DATE & PLACE): -

NEONATAL SCREENING: NEONATAL SCREENING DONE

WEIGHT ON DISCHARGE: 2.760 kg

FEED ON DISCHARGE: Breastfeeding

I LEFT THE HOSPITAL ON (DATE & TIME): 12/7/12

OTHER TESTS: _____



MY IMMUNIZATION RECORD

VACCINE	DATE OF IMMUNIZATION					
	PRIMARY IMMUNIZATION			BOOSTERS		
	1st	2nd	3rd	1st	2nd	3rd
BCG	13.9.12					
HBV	13.9.12	16.11.12	16.11.12	12.1.13		
OPV	16.11.12	16.11.12	16.1.13	11.8.13		
IPV	13.9.12					
DPT	16.11.12	16.11.12	16.1.13	13.1.14		
D Ta P	13.9.12					
DT						
Hib	13.9.12	16.11.12	16.1.13	13.1.14		
Pneumococcal Conjugate	13.9.12	16.11.12	16.1.13	13.1.14		
Varicella	Refused,					
M M R	10.7.13					
Others						



MY TEETH

DEAR PARENTS *

MY teeth would start to erupt when I will be six months old, at that time you have to brush my teeth with a small soft toothbrush, without any toothpaste, until I will be three years old. Then you can put some toothpaste, on my toothbrush.

REMEMBER!

When I become over six months old, it would be better if you take me to a Dental hygienist to check my teeth and there you will be informed more about my oral health condition and how to prevent dental disease. Give me Fluoride drops/tablets everyday, if the water which I drink does not contain any fluoride.

PLEASE!

Take me along to the Dentist every six months to check my teeth and if you notice any discolouration or black colour on my teeth, then inform my Dentist immediately.

KINDLY!

Do not add sugar to my feedings, and avoid giving me sugary drinks because this will enhance the formation of dental decay.

DENTAL

Types of Appointment	Date	Types of Appointment	Date
Dental Hygienist		Dental Hygienist	
Dental Hygienist		Dental Hygienist	
Dental Hygienist		Dental Hygienist	

