

AUM Student Health Services

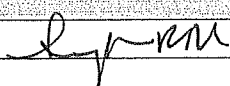
Immunization Record

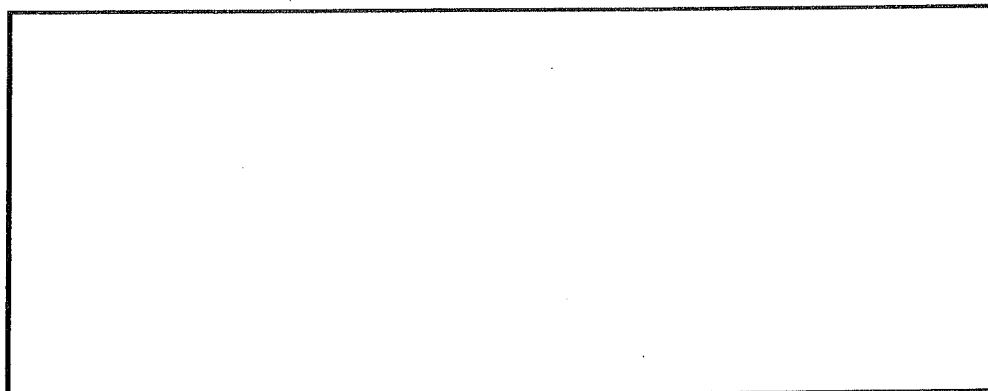
Patient Name: Adigun Abdulgudus OmodolepoBirthdate: 7/31/99

Allergies/Medical Alert: _____

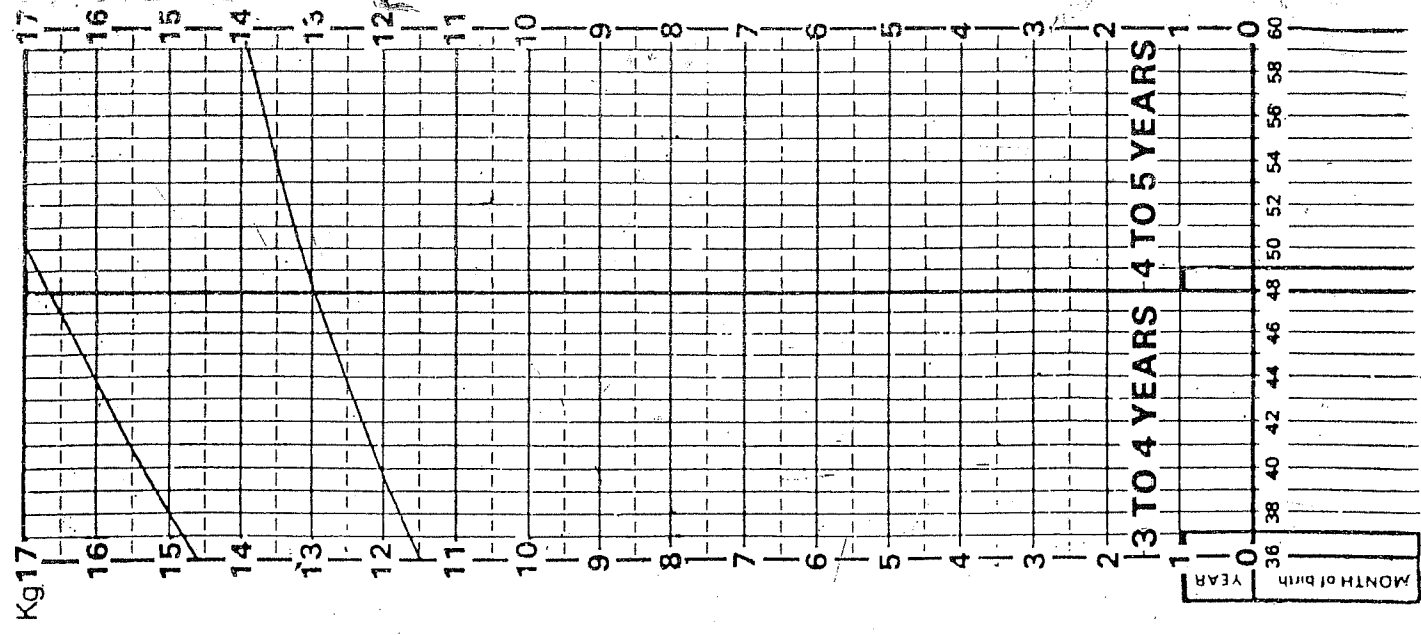
Immunization	Date	Site	Dose	MFR	Comments	Visit Date	Initials
Tdap							
Td Booster							
MMR							
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	2/7/18			SP	C5471AA	(L) forearm	AM

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE



NATIONAL PROGRAMME ON IMMUNIZATION



(FSP)



CHILD HEALTH CHART

NAME Abdul Qader Adigun SEX M/F

CHILD'S NO. 030

MOTHER'S NO. _____

DATE OF BIRTH: 31/7/99 WEIGHT AT BIRTH 3.9kg

MOTHER'S NAME: Ayo Adigun House No. _____

FATHER'S NAME: Sule Adigun House No. _____

CHILD'S ADDRESS: _____

MOTHER'S OTHER CHILDREN		
YEAR OF BIRTH	SEX	STATE OF HEALTH

ASK THE MOTHER ABOUT THESE REASONS FOR GIVING THE CHILD EXTRA CARE (make a circle round the right answer)

TAKE EXTRA CARE	Yes/No
Was the baby less than 2.5 kg at birth?	Yes/No
Is this baby a twin?	Yes/No
Is this baby bottle fed?	Yes/No
Does the mother need more family support?	Yes/No
Are any brothers or sisters underweight?	Yes/No
Are there any other reasons for taken extra care?	Yes/No
For example - tuberculosis or leprosy or social problems.	Yes/No

DONATED BY PETROLEUM (SPECIAL) TRUST FUND (PTF)

IMMUNISATIONS			DATE GIVEN	DATE NEXT VISIT
1	BCG/OPV AT BIRTH		5/8/99	14/9/99
2	OPV1&DPT1 6 WEEKS	FIRST DOSE	14/9/99	13/10/99
3	OPV2&DPT2 30 WEEKS	SECOND DOSE	2/10/99	9/11/99
4	OPTV3&DPT3 14 WEEKS	THIRD DOSE	9/11/99	2/5/00
5	Yellow fever ad		14/1/00	
6	MEASLES 9 MONTHS	3	5/10/00	
7	MOTHER'S TETANUS TOXOID (or one booster)	TT1		
8		TT2		
9		TT3		
10		TT4		
11		TT5		

HOW TO TREAT DIARRHOEA AT HOME

When your child has diarrhoea, he/she lose lot of body water and salts and this can be dangerous for him/her

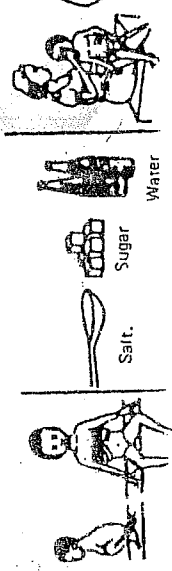
As soon as diarrhoea starts, replace the lost fluid and salt by giving him/her a solution prepared as follows:

1. Cooking Salt - 1 level teaspoon
2. Sugar - 10 level teaspoons or 5 cubes
3. Cool boiled drinking water - 2 full soft drink (Mineral) bottles.

Slowly give 1 teacupful of the solution to your child after diarrhoea stool.

Then take your baby to the health clinic to the health worker Continue with breast feed and normal diet.

Do not starve your child.



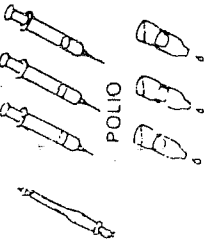
CHILD'S NAME

BIRTH TO 1 YEAR

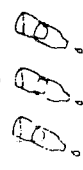
B.C.G.

D.P.T.

MEASLES



POLIO



1 TO 2 YEARS

2 TO 3 YEARS

Kg 12

Times per day



MONTH OF BIRTH

YEAR

1994
JULY
AUGUST
SEPTEMBER
OCTOBER
NOV.
DEC.
JAN.
FEB.
MARCH
APRIL
MAY
JUNE
JULY

Write Birth Month

Write Birth Month

Write Birth Month

WATCH THE LINE OF THE LINE OF THE CHILD'S

GOC Child grow
DANC Not gaining find ou
VERY DAN Losing v May b needs ex

WRITE ON T
Any illness e
Admission t
Solids introc
Breast feedi
Birth of nexi

like i

Vit A given
Measles
Diarrhoea
Admitted to hospital

Account Holds from Student Health Clinic Information:

If you have received a letter saying that your account is on hold from Amy Morris, this means that we need proof of one or more of the following vaccinations:

- ✓ 1. TB Skin (Tuberculosis Skin Test) – this must have been done within the last 6 months
- ✓ 2. TDAP (Tetanus, Diptheria, Pertussis, Vaccine) – within the last 10 years
- ✓ 3. 2 MMRs (Measles, Mumps, Rubella) – 2 of these vaccines at any point in your life

1 MMR

If you have proof that you have these vaccines, please provide us with that proof. You may need to check with the medical professional that gave them to you for a copy of the record. If you are a US citizen, the term for this is called a blue card. These can often be gotten from your pediatrician, your current doctor, or wherever you received immunizations. Our clinic does not have information on where you got your previous immunizations.

If you don't have proof of a vaccination, you will need to be given the vaccination(s) you are missing. At our clinic, we provide these shots for a fee.

TB Skin Test - \$10.00 **We do not give this test on Thursdays**

TDAP - \$40.00

2 MMRs - \$75.00 each

If you would like to receive one of these immunizations at our clinic, please make an appointment. Call 334.244.3281 or email hkervin@aum.edu.