Ministry of Health and Medical Education

Health Department

Community Nutrition Improvement Office

**Child Care Card**

(Nutrition, Vaccination, Growth Monitoring)

Special for Boys

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| File No.:  Child’s Name and Surname:  Mother’s Name:  Father’s Name:  Date of Birth: | | | | Weight at Birth (gr):  Height at Birth (cm):  Head Circumference (cm):  Child Birth Order:  Time interval between the birth of the child and the last alive child of the mother (month):  Type of Delivery: Natural 🗌 Cesarean 🗌  Multifetal 🗌 Term 🗌 Preterm 🗌 | |
| Province: ---- County: ---- Village: ---  Medical Center: ---- Private Clinic: ---  Outreach Team: ---- Health Center: ---  Home Address: ---- Home Tel: ---- Others: ---- | | | |
| * Please bring the Child Care Card with yourself at any visit to the health center or private clinic. * Exclusive breastfeeding is necessary for the natural growth of the infant till the end of the first six month, and continuing it till the end of the second year. * Ensure your child’s health by on-time vaccination. | | | | | |
| **Vaccination Guide Table** | **Age** | **Type of Vaccine** | **Age** | | **Type of Vaccine** |
| At birth | BCG, Polio, Hepatitis B | 6 months | | OPV, Pentavalent, IPV |
| 2 months | OPV, Pentavalent | 12 months | | Measles, Mumps and Rubella (MMR) |
| 4 months | OPV, Pentavalent, IPV | 18 months | | Triple, OPV, MMR |
| 6 years | | Triple, OPV |
| **Remarks:**  **\*** PentavalentVaccine includes Diphtheria, Tetanus, Pertussis, Hepatitis B and Haemophilus Influenzae Type B (Hib).  \* After the last dose of Triple Vaccine, all adults should get a booster dose of TD (Tetanus-Diphtheria) every 10 years | | | | | |
| **Notes:**   * Vaccinate your children according to the guideline against the diseases of Tuberculosis, Polio, Hepatitis B, Diphtheria, Tetanus, Pertussis, Measles, Mumps, and Rubella. * A cold or diarrhea does not prevent you from on-time vaccination. * Before leaving the health center, please ask about the next vaccination date. * Stay at the vaccination center at least 15 minutes after receiving the vaccine. * To soothe the pain, discomfort, or fever, ask the necessary guidelines from the vaccinator. * Attend the health center in case of high fever or any other severe complication. | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Vaccine** | | **Date** | **Vaccinator’s Seal** | **Type of Vaccine** | | **Date** | **Vaccinator’s Seal** |
| BCG | |  |  | Pentavalent Vaccine  (DTP – Hep.B- Hib) | 1st Dose |  |  |
| Oral Polio Vaccine (OPT) | At Birth |  |  | 2nd Dose |  |  |
| 1st Dose |  |  | 3rd Dose |  |  |
| 2nd Dose |  |  | Triple or simultaneous child vaccine (DTP/ DT) | 1st Dose |  |  |
| 3rd Dose |  |  | 2nd Dose |  |  |
| 1st Booster |  |  | Measles, Mumps and Rubella (MMR) | 1st Dose |  |  |
| 2nd Booster | - |  | 2nd Dose |  |  |
| Inactivated Polio Vaccine (IPV) | |  |  | Hepatitis B (Hep.B) | At Birth |  |  |
| **Remarks:** | | | | | | | |

Signed and sealed by

True translation from the Persian original, hereto appended, is certified.

Official translator to the Judiciary