

# 6 - 8 week check





# Before your child's 6 to 8 week health check

## Still Smoking?

Smoking increases your baby's risk of Sudden Infant Death Syndrome (SIDS).  
Call Quitline **13 QUIT (13 7848)** or go to [http://www.health.nsw.gov.au/cancer\\_inst/programs/quitline.html](http://www.health.nsw.gov.au/cancer_inst/programs/quitline.html)

Answer these questions before you visit your nurse or doctor.

	Yes	No	Unsure
Have you had your postnatal check?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your baby checked also?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby turn towards light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby smile at you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed one or both of your baby's pupils are white?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you worried about your baby's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your baby can hear you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your baby startled by loud sounds like a vacuum cleaner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby have a constant cold and/or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby quieten to familiar voices or sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby make cooing sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your baby respond to speech by looking at the speaker's face?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you and your baby enjoy being together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you read, talk to and play with your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**You may wish to talk to your nurse or doctor about how you are feeling emotionally and physically, and you may have questions about how best to care for your baby.**

Parent notes

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## Topics for discussion at 6 to 8 weeks

- What to expect of your baby at this age
- Infant feeding
- Child safety
- Sun protection
- Safe sleeping (SIDS prevention)
- Sleeping / crying / comforting / settling
- Immunisation
- The toddler and the new baby
- Mother's general health (diet, rest, family planning, exercise)
- Mother's emotional health
- Returning to work
- Starting childcare
- Relationships with baby and partner
- Parent groups
- Family issues.





## Feeding

	Yes	No
1 Since this time yesterday, did (baby) receive breastmilk?	<input type="checkbox"/>	<input type="checkbox"/>
2 Since this time yesterday, did (baby) receive any of the following?		
a Vitamins OR mineral supplements OR medicine	<input type="checkbox"/>	<input type="checkbox"/>
b Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions	<input type="checkbox"/>	<input type="checkbox"/>
c Infant formula OR other milk (eg cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

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Current recommendations are that babies receive only breastmilk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond.

*NHMRC Infant Feeding Guidelines for Health Workers, 2003.*

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**Appropriate health information discussed?**  Yes  No

Comments

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Action taken

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Name of doctor or nurse

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Signature

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Venue

Date of check / /

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# 6 month check





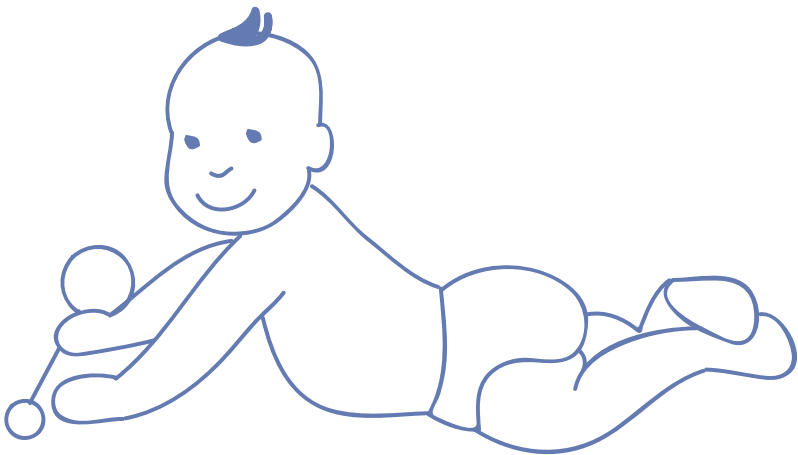
## Still Smoking?

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Hearing	Yes	No	Unsure
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child turn his eyes / head toward sounds or voices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child started to make speech-like sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does she laugh and make noises to indicate pleasure or displeasure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had ear infections or ear discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a constant cold and / or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child hear you and listen to your voice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child babble 'dada', 'baba', 'mama'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child vocalize, changing pitch to get your attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to 'no' and his own name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to singing and music?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vision</b>			
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child move both eyes together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child look at you and follow you with his / her eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child look at his / her hands or objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you noticed one or both of your child's pupils are white?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Topics for discussion at 6 months

- What to expect of your child
- Child safety
- Sun protection
- Sleep problems / behaviour
- Safe sleeping (SIDS prevention)
- Temperament
- Immunisation
- Teeth
- Feeding
- Sibling rivalry
- Play activities
- Mothers emotional health
- Relationship with child
- Relationship with partner
- Movement / activity.





<b>Feeding</b>	<b>Yes</b>	<b>No</b>
1 Since this time yesterday, did (child) receive breastmilk?	<input type="checkbox"/>	<input type="checkbox"/>
2 Since this time yesterday, did (child) receive any of the following?		
a Vitamins OR mineral supplements OR medicine	<input type="checkbox"/>	<input type="checkbox"/>
b Plain water OR sweetened / flavoured water OR fruit juice OR tea / infusions	<input type="checkbox"/>	<input type="checkbox"/>
c Infant formula OR other milk (eg cows milk, soy milk, evaporated milk, condensed milk etc)	<input type="checkbox"/>	<input type="checkbox"/>
d Solid OR semi-solid food	<input type="checkbox"/>	<input type="checkbox"/>

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Current recommendations are that children receive only breastmilk until about 6 months of age (may receive vitamins, mineral supplements or medicine) and continue breastfeeding (while receiving appropriate complementary foods) until 12 months of age or beyond.  
*NHMRC Infant Feeding Guidelines for Health Workers, 2003.*

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**Appropriate health information discussed?**

Comments

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Action taken

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Name of doctor or nurse

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Signature

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Venue

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Date of check / /

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# 12 month check





## Hearing

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child imitate speech sounds of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child understand simple words, eg 'ball', 'dog', 'daddy'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child turn their head to soft sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child started to say his / her first words?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Vision

Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize familiar objects and people from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Movement / Activities

Does your child sit alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child crawl?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child reach for an object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Oral health

Does your child have any teeth at the moment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had any problems with their teeth or teething?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever used a bottle to go to bed with?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child ever walk around with a bottle or feeder cup in between meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child started brushing their teeth, or having their teeth brushed for them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Topics for discussion at 12 months

- What to expect of your child
- Child safety
- Sun protection
- Sleep problems / behaviour
- Temperament
- Immunisation
- Teeth
- Feeding and diet
- Sibling rivalry
- Play activities
- Mothers emotional health
- Relationships with child and partner
- Mobility.

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*NHMRC Infant Feeding Guidelines for Health Workers, 2003.*

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# 18 month check





Answer these questions about your child before you visit your nurse or doctor.

## Hearing

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to other people's speech, especially in noisy situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child continually say 'what'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child watch the speaker's face closely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frown or strain forward when spoken to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have trouble localising where a sound comes from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child easily frustrated and becomes agitated and disruptive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's voice volume noticeably louder than peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a lot of colds and / or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child saying single words other than 'mama' or 'dada'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child understand simple instructions, like 'put the ball on the table', 'give the ball to me'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child point to one body part, toys or people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child listen to simple stories or songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

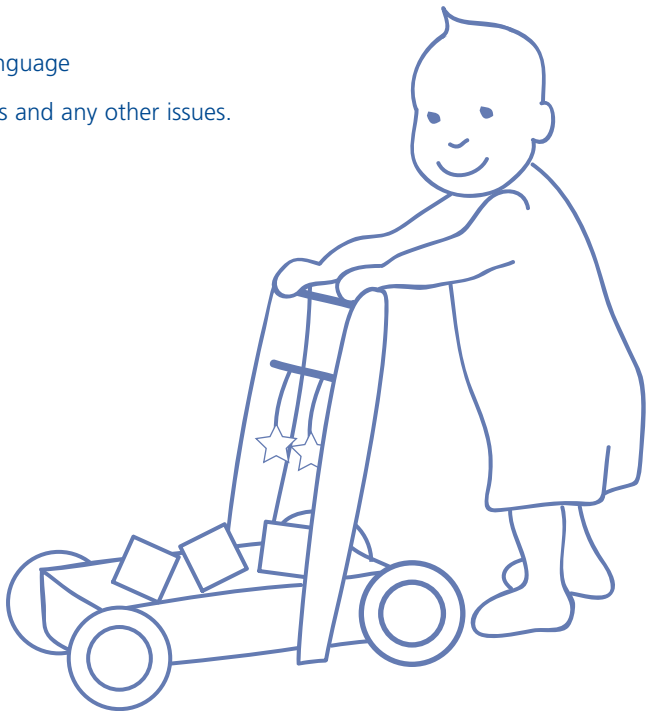
## Vision

Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize familiar people and objects from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Outcome**  Normal  Refer  Review

## Topics for discussion at 18 months

- Child safety, supervision and changing mobility
- Family diet
- Sleeping / night waking
- Temper tantrums
- Sibling issues
- Smoking
- Parenting practices, eg discipline, setting limits
- Toilet training
- Care of teeth
- Sun protection
- Child care / play groups
- Self comforting behaviours, eg thumb sucking, favourite toy, dummies
- Immunisation
- Speech and language
- Family supports and any other issues.





# 2 year check





Answer these questions about your child before you visit your nurse or doctor.

## Hearing

	Yes	No	Unsure
Are you worried about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child appear to understand some new words each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow simple broken instructions, eg 'get the ball'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child point to people, body parts or toys when asked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child continually learn new words to say, although they may be unclear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child listen to simple stories or songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child combine two or more words in short phrases eg 'more juice'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Vision

Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child recognize familiar people and objects from a distance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Outcome

Normal    Refer    Review

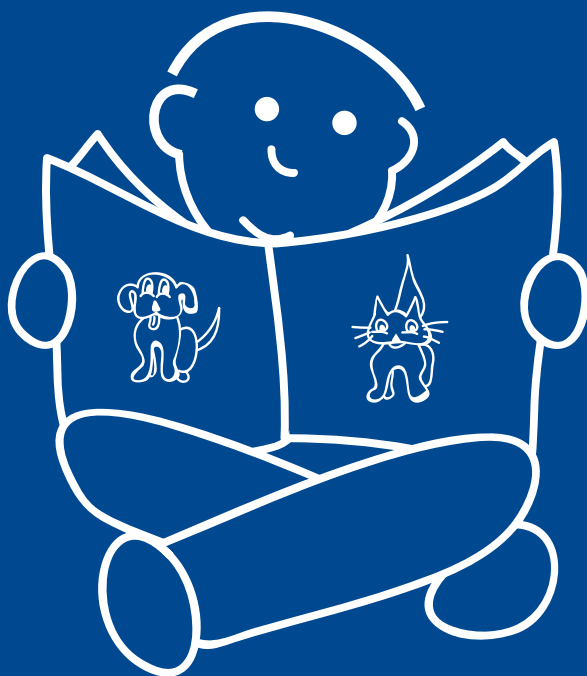
## Topics for discussion at 2 years

- Child safety, supervision and changing mobility
- Family diet
- Sleeping / night waking
- Temper tantrums
- Sibling issues
- Smoking
- Parenting practices eg discipline, setting limits
- Toilet training
- Care of teeth
- Sun protection
- Child care / play groups
- Self comforting behaviours, eg thumb sucking, favourite toy, dummies
- Immunisation
- Speech and language
- Family supports and any other issues.





# 3 year check





## Hearing risk factors to be completed from 3 years

From 3 years	Yes	No	Unsure
Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had more than four ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a constant cold and / or green runny nose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had a discharging ear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a cold, does your child have trouble hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often ask you to repeat things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty following instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use groups of words when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take an active part in conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child tell where a sound comes from?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your child's answers to questions often inappropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond slowly to instructions, watch and follow other children's cues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child's pre-school / childcare attendance poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often turn one ear towards the speaker or sound source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child inattentive or disruptive in groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child frequently misunderstand or misinterpret oral instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child wait for cues from peers rather than the teacher before attempting tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child refuse to participate in activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child appear to be a loner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Vision questions

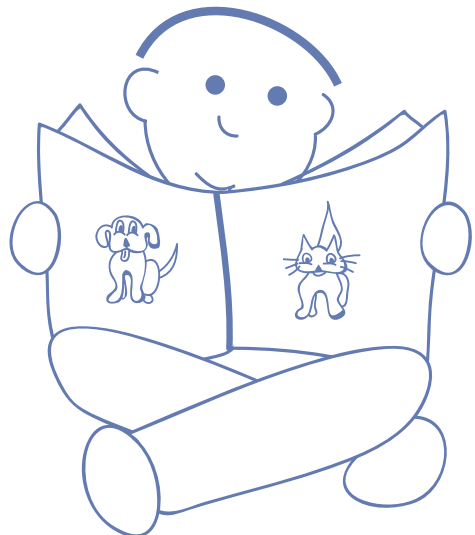
	Yes	No	Unsure
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty seeing small objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child show interest in objects far away, eg aeroplanes and flying birds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the family have vision problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Outcome

Normal  Refer  Review

## Topics for discussion at 3 years

- Child safety and supervision
- Immunisation
- Managing developing independent behaviour
- Different personalities
- Toilet training
- Parenting practices, eg discipline, setting limits
- Sibling rivalry
- Sun protection
- Play activities
- Family issues
- Child care / pre school
- Looking after teeth.





my first health record

# 4 year check



# StEPS

Statewide Eyesight  
Preschooler Screening

St  
Statewide  
Preschooler



## Before school health assessment at 4 years

### Health assessment

Before your child begins school, it is recommended that you take him / her to your local child and family health nurse or doctor for a health check. If you are unable to attend, you may wish to ask a friend or relative to take your child. The health assessment will include:

- hearing
- vision – *Statewide Eyesight Preschooler Screening*
- physical (height, weight, gait) check
- questions about your child's development
- immunisation information.



You are encouraged to talk to the nurse, doctor or teacher about any health issues which may affect your child's learning ability.

### Testes check at 4 years

Boys' testes should be able to be seen or felt in their scrotum. (Testes are also known as testicles, or familiarly, as balls.) The testes are usually at slightly different levels. It is quite normal for the testes to be higher or lower in the scrotum at different times (eg higher in cold weather), however they should be found at least some of the time at the very bottom of the scrotum. It is probably easiest to check the testes when your boy is warm and relaxed, eg in the bath.

If you cannot see both testes clearly, you will need to feel for them gently in the scrotum to find out if both testes are there. Let your boy know that it is important to find out whether his testes are in the right place, but reassure him that he does not need to worry about it. Make sure that you have warm hands, because sometimes a normal testicle can move up out of the scrotum when touched by a cold hand. If you cannot see or feel one or both of your boy's testes, or you are not able to check them, have them checked by a doctor. The doctor or nurse will be happy to discuss this with you at your boy's health check.

# my first health record

Answer these questions about your child before you visit your nurse or doctor.

## Vision

	Yes	No	Unsure
Are you concerned about your child's vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a turned or lazy eye (squint or strabismus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child currently under care for their vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Hearing

Are you concerned about your child's hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had a discharging ear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the past year, has your child had more than four ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During a cold, does your child have trouble hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child often ask you to repeat things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have difficulty following instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child speak clearly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use groups of words when speaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child follow directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child take an active part in conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Child health check 4 years

Assessment by child and family health nurse, GP, or paediatrician.

Name \_\_\_\_\_

Date of birth     /     /     Sex m / f \_\_\_\_\_

Health assessment		Normal	Review	Refer
Weight	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body mass index (BMI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No		
	Normal	Review	Refer	Under Treatment
Vision-tested monocularly	<input type="checkbox"/>	<input type="checkbox"/>		
Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral health 'Lift the lip' check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health protective factors	Yes	No	Concerns	No Concerns
Parent questions completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed appropriate immunisation as per schedule?	<input type="checkbox"/>	<input type="checkbox"/>		
Are there any risk factors?				
• Hearing	<input type="checkbox"/>	<input type="checkbox"/>		
• Vision	<input type="checkbox"/>	<input type="checkbox"/>		
• Oral health	<input type="checkbox"/>	<input type="checkbox"/>		

**Appropriate health information discussed?**  Yes  No

Result \_\_\_\_\_

Comment \_\_\_\_\_

Action taken \_\_\_\_\_

Name of doctor or nurse \_\_\_\_\_

Signature \_\_\_\_\_

Venue \_\_\_\_\_ Date of check     /     /

Child accompanied by  Mother  Father  Unaccompanied

Other \_\_\_\_\_

# primary school & secondary school





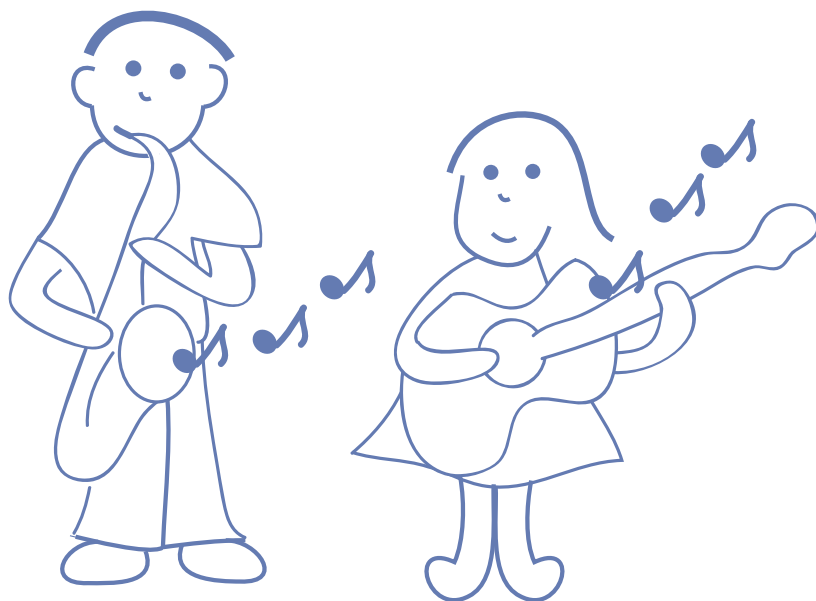
## Primary & Secondary school

It is recommended that you take your child to a child and family health nurse or general practitioner for a health assessment if you, your child, or your child's teacher have any concerns about your child's wellbeing at any time during their schooling. A health assessment prior to your child starting high school is highly recommended. As part of this assessment, it is recommended that your child's eyes and vision are assessed in each eye separately. Hearing testing can be done at any age.

Remember to take this book along to any health assessment. Having all your child's health history with you will help you, your child and your doctor or nurse to best assess your child's health.

All children should also have a dental check up prior to starting school. Toothache can cause children to miss school, and the pain can stop children playing, eating and sleeping. Contact your family dentist or public dental clinic.

Remember to keep recording significant health events, immunisations and other health information in this book, so that your child's health history is available and easy to look up.



# immunisation





## Immunisation information

### Important

Before each vaccination, refer to the pre-vaccination checklist overleaf.

Immunisation protects children against many serious diseases, which continue to occur in the community and from which children are still suffering and dying unnecessarily.

The National Health and Medical Research Council recommends a National Vaccination Schedule for all children. You should discuss these recommendations with your local doctor or clinic **and/or refer to the NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au) to view the *current* NSW Immunisation Schedule.**

Vaccines are available to protect children against diphtheria, tetanus, whooping cough, poliomyelitis, measles, mumps, rubella, *Haemophilus influenzae* type b (Hib), hepatitis B, human papilloma virus (HPV), meningococcal C, pneumococcal, rotavirus and chickenpox. These vaccines are available from your local doctor, some local councils, children's hospitals, Community Health Centres and Aboriginal Medical Services.

Some children may suffer a slight fever and/or redness, swelling and tenderness at the injection site. Contact your local doctor if the fever is greater than 39 °C, or if you are worried about your child's condition.

Every baby registered with Medicare is also registered with the Australian Childhood Immunisation Register (ACIR) which records details of vaccinations given to children under 7 years of age. After each immunisation event your local doctor or clinic will advise the ACIR of the child's immunisation status.

An Immunisation History Statement will be forwarded to you from the ACIR once your child has completed their immunisation schedule at 4 years of age. You will be required to provide this statement to your child's school at enrolment.

If you do not receive this statement or there is a problem with the statement you can contact the **ACIR on 1800 653 809**.

### Important information for parents / guardians

**Whooping cough vaccination** – babies who are too young to be fully immunised (prior to 6 months of age) are at potential risk of contracting whooping cough (pertussis) from adults and adolescents. A single booster dose of an adult pertussis containing vaccine (dTpa vaccine) is recommended for adults planning a pregnancy, or for both parents and grandparents as soon as possible after delivery of an infant, unless contraindicated.

**Vaccinating your child on time** – it is very important that your child is vaccinated at the recommended intervals to ensure adequate protection against serious diseases. If you have concerns regarding your baby's ability to be vaccinated due to illness, discuss this with your immunisation provider.

Further information on immunisation can be found at [www.immunise.health.gov.au](http://www.immunise.health.gov.au) including the current edition of *The Australian Immunisation Handbook*. Revised June 2009.

## Pre-vaccination questionnaire

The pre-vaccination checklist provides information which enables the doctor or nurse to assess the child being vaccinated and/or that child's parent/caregiver.

If you have any questions about the following information or any matter related to immunisation, ask the doctor or nurse before the vaccine is given.

**The conditions listed below do not necessarily mean that your child cannot be vaccinated today, but please tell the doctor or nurse if any of the following apply:**

### The person to be vaccinated:

- is unwell today
- has a disease that lowers immunity (eg leukaemia, cancer, HIV/AIDS) or is having treatment which lowers immunity (eg oral steroid medicines such as cortisone and prednisone, radiotherapy or chemotherapy), or lives with someone who has a disease which lowers immunity or who is having treatment which lowers immunity
- has had a severe reaction following any vaccine
- has any severe allergies (to anything)
- had any vaccine within the last month
- has had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year
- is pregnant, planning a pregnancy or anticipating parenthood
- identifies as an Aboriginal or Torres Strait Islander person
- has a past history of Guillain-Barré syndrome
- was a preterm infant
- has a chronic illness
- has a bleeding disorder
- does not have a functioning spleen.

## Immunisation record

To be completed by the doctor / nurse giving the immunisation.

Child's name

DOB / /

Age	Vaccine	Date given	Batch no.	Signature
Birth				
2 mths				
4 mths				
6 mths				
12 mths				

Refer to the NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au) for the current NSW Immunisation Schedule.

### Immunisation record

To be completed by the doctor / nurse giving the immunisation.

Age	Vaccine	Date given	Batch no.	Signature
18 mths				
4 yrs				
12 yrs				
15 yrs				

### Immunisation record

All other immunisations given should be recorded by doctor / nurse giving the immunisation.




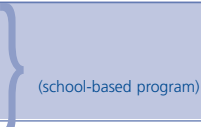
Child's name

DOB / /

Date	Vaccine	Batch no.	Comments	Signature










Refer to the NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au) for the current NSW Immunisation Schedule.

## NSW immunisation childhood schedule

Age	Disease	Vaccine
Birth <small>(Maternity units)</small>	Hepatitis B	H-B-Vax II (babies before 8 days of age)
2 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal Rotavirus	 Prevenar Rotarix
4 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal Rotavirus	 Prevenar Rotarix
6 months	Diphtheria, Tetanus, Pertussis Haemophilus influenzae type B (Hib) Hepatitis B Polio Pneumococcal	 Prevenar
12 months	Measles, Mumps, Rubella Haemophilus influenzae type B (Hib) Meningococcal C Pneumococcal	Priorix Hiberix Meningitec Prevenar (medical at-risk children only*)
18 months	Varicella (Chicken pox)	Varilrix
4 years	Diphtheria, Tetanus, Pertussis, Polio Measles, Mumps, Rubella Pneumococcal	Infanrix-IPV Priorix Pneumovax 23 (medical at-risk children only*)
12 years	Hepatitis B Varicella (Chicken Pox) Human Papillomavirus	H-B-Vax II Varilrix Gardasil 
15 years	Diphtheria, Tetanus, Pertussis	Boostrix

\* Refer to the current edition of *The Australian Immunisation Handbook*.



<p><b>1 COLLAPSED</b></p>	<p><b>IS THE PERSON UNCONSCIOUS?</b></p> <ul style="list-style-type: none"> <li>&gt; Check for <b>danger</b> eg electrical cord, petrol</li> <li>&gt; Confirm unconscious state:             <ul style="list-style-type: none"> <li>– Squeeze person’s shoulder</li> <li>– Shout: “are you alright?” or “open your eyes”</li> </ul> </li> </ul> 
<p><b>2 POSTURE</b></p>	<p><b>TURN PERSON ONTO THEIR SIDE</b></p> <ul style="list-style-type: none"> <li>&gt; Bend closest leg at knee</li> <li>&gt; Lift and move closest arm towards other side</li> <li>&gt; Push bent leg towards other side</li> </ul> 
<p><b>3 AIRWAY</b></p>	<p><b>CLEAR AIRWAY</b></p> <ul style="list-style-type: none"> <li>&gt; Tilt person’s head well back (NOT for an infant or the injured)</li> <li>&gt; Clear any foreign matter from mouth (and nose of a baby)</li> </ul> 
<p><b>4 AMBULANCE</b></p>	<p><b>GET HELP!</b></p> <ul style="list-style-type: none"> <li>&gt; Ask someone to <b>DIAL 000</b></li> <li>&gt; Ask for <b>AMBULANCE</b></li> <li>&gt; Give:             <ul style="list-style-type: none"> <li>– address</li> <li>– nearest cross street</li> <li>– type of emergency</li> </ul> </li> <li>&gt; <b>Do not hang up</b></li> </ul> 
<p><b>5 BREATHING</b></p>	<p><b>CHECK FOR BREATHING</b></p> <ul style="list-style-type: none"> <li>&gt; Look for rise and fall of chest</li> <li>&gt; Listen and feel for breathing</li> <li>&gt; If <b>breathing is present</b> leave person on their side</li> </ul> <p><b>IF BREATHING IS ABSENT START RESCUE BREATHING</b> ▼</p> 
	<p><b>REPOSITION PERSON</b></p> <ul style="list-style-type: none"> <li>&gt; Turn person onto their back</li> <li>&gt; Tilt their head well back (NOT for a baby or the injured)</li> <li>&gt; Lift jaw</li> </ul> 
	<p><b>ADULT, CHILD AND INFANT</b></p> <ul style="list-style-type: none"> <li>&gt; Pinch nostrils</li> <li>&gt; Seal your mouth over person’s mouth and give <b>2 breaths</b></li> <li>&gt; Check that the chest rises and falls with each inflation</li> <li>&gt; Use <b>smaller breaths for a child</b></li> </ul> 
<p><b>6 CIRCULATION</b></p>	<p><b>CIRCULATION FOR AN ADULT</b></p> <ul style="list-style-type: none"> <li>&gt; Position one hand on the centre of the chest (breastbone) grasping wrist with other hand</li> <li>&gt; Compress breastbone <b>4 to 5cm</b> (or one third the depth of the chest) <b>30 times</b>.</li> <li>&gt; Continue with <b>2 breaths to 30 compressions</b></li> <li>&gt; Rate of compressions is <b>100 per minute</b> or almost 2 per second</li> </ul>  <p><b>CIRCULATION FOR AN INFANT</b></p> <ul style="list-style-type: none"> <li>&gt; Position 2 fingers on lower half of sternum</li> <li>&gt; Depress sternum approximately <b>one third the depth of chest</b></li> <li>&gt; Continue with <b>2 breaths to 30 compressions</b></li> </ul>  <p><b>CONTINUE CPR UNTIL AMBULANCE OFFICERS ARRIVE</b></p>

This chart is not a substitute for attending a first aid course. **LEARN CPR NOW!**

**Emergency (Ambulance, Fire or Police)** **000**  
for emergency phone using a mobile phone please check with your mobile service provider

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**Poisons Information** **13 11 26**

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**NSW Department of Community Services  
Child Protection Helpline** **13 21 11**

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**healthdirect Australia** **1800 022 222**

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**Karitane Mothercraft Society** **1300 CARING**  
**TTY. (02) 9794 1848** **1300 227 464**

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**Tresillian Family Care Centres** **1800 637 357**  
**Sydney metro area (02) 9787 0855** free call outside Sydney metro area

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**Australian Breastfeeding Association** **(02) 8853 4999**  
call New South Wales Branch for counsellors

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**Telephone Interpreter Service** **13 14 50**

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This health record was compiled with the assistance of parents, child and family health nurses, general practitioners, other health professionals and professional and consumer organisations. It is an update of the previous Personal Health Record used in NSW since 1988.

It incorporates changes to the child health schedule based on recent evidence about the most appropriate approach to families with babies and young children. Some of these changes arise from recommendations of the National Health and Medical Research Council Report *Child health screening and surveillance: Critical review of the literature 2002*.

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