

OFFICIAL TRANSLATION FROM THE ORIGINAL PERSIAN TEXT
 MINISTRY OF HEALTH, TREATMENT AND MEDICAL EDUCATION
 DEPARTMENT OF HEALTH
CHILD HEALTH CARE FORM
(NUTRITION, VACCINATION AND GROWTH MONITORING)
(Exclusively For)

File No.:
 Child's Name and Surname
 Mother's Name
 Father's Name
 Date of Birth
 Child's Weight at Birth
 Child's Height at Birth
 Child's Head Circumference at Birth
 Mother's Child-Ever-Born
 Interval between the First and the Last Delivery
 Type of Delivery
 Place of Residence

Type of Vaccination	At Birth	1 st Time	2 nd Time	3 rd Time	1 st Booster	2 nd Booster

Other Remarks: Vaccinations completed for month-old, month-old, and month-old stages.
 In case of fever, administer acetaminophen drops at twice the child's weight (in milligrams) every 4 hours.
 Signed & Stamped: The vaccination is complete.
 Stamped: Health Center

True Translation Certified.