



# SPECIAL NEW BORN CARE UNIT

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## Facility Follow-up Record Book

Start Date..... End Date.....

# Institutional Follow up at S.N.C.U.

SNCU Reg. No. ....

Name of Child / Mother .....

Visit	Anthropometry	Immunization Status	Examination Findings	Advice
<p>Scheduled Date ...../...../20.....</p> <p>Date of Visit ...../...../20.....</p>	<p>Wt. (kg.) .....</p> <p>Total Length (cm.) .....</p> <p>Head Circumfer. (cm.) .....</p>		<p>General :</p> <p>Vision :</p> <p>Hearing :</p> <p>Systemic :</p> <p>Neurodevelopmental :</p>	<p>Seen by.....</p>

Place Carbon Here

**This has to be filled on follow-up by Doctor on Duty**