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CBA ID no. I 01212-03

Community Based Newborn and Maternal, Child Health Initiative

(CBNB & MCHI)

Form 3: Injection Form

Only fill in for babies treated with injections

Date of Visit: 19/02/09 Village: LUMWENGO

Full Name of Mother: ROSINA MLENG Sex of Baby: Male [checked] Female []

Age of Baby: 5/12 Weight of Baby: 6.5 kg

1) What injection was given? (Circle one) Normal Injection Uniject



2) Who gave injection? CBA

3) Why did you give injection? Eye Infection and pus in the eyes

4) What medicine was given? Gentamycine

5) How much (volume) medicine did you give? 15 mg

6) What dose of Gentamycin did you give baby? 1.5 ml

7) How many times did you give injection in one day? Once per day

8) How many days did you give injection? 7 days

9) Did mother/ care taker of baby accept the injection? yes

Mankana P.I.