



## Quotation Advert

Opening Date: 2020-07-08

Closing Date: 2020-07-16

Closing Time: 11:00

### INSTITUTION DETAILS

Institution Name: Edendale hospital

Province: KwaZulu-Natal

Department or Entity: Department of Health

Division or section: Central Supply Chain Management

Place where goods / services is required: Edendale Hospital SCM Main stores

Date Submitted: 2020-07-08

### ITEM CATEGORY AND DETAILS

Quotation Number: ZNQ:  
1587/19-20

Item Category: Services

Item Description: Paediatric patient record that has *11* Pages  
As per specification attached  
NB: The pages are printed in a back to back format

Quantity (if supplies): 24 000 units

### COMPULSORY BRIEFING SESSION / SITE VISIT

Select Type: Not Applicable

Date:

Time:

Venue:

QUOTES CAN BE COLLECTED FROM: Print from the intranet

QUOTES SHOULD BE DELIVERED TO: Blue tender box at Edendale hospital main gate


### ENQUIRIES REGARDING THE ADVERT MAY BE DIRECTED TO:

Name: Sizwe






Email: NO EMAILED QUOTATION WILL BE CONSIDERED

Contact Number: 033 395 4570

Finance Manager Name: Mr Dan Thangalan

Finance Manager Signature: 

No late quotes will be considered

 Submit |  Save |  Save As... |  Close |  Print Preview

[Print this page](#)

## Note:

1. The completed Quotation Advert must be printed and signed by the Finance manager.
2. A signed copy of the Quotation Advert must be scanned and emailed to web administration: [webmaster@kznhealth.gov.za](mailto:webmaster@kznhealth.gov.za) for uploading to the department website.
3. N.B if the scanned copy emailed to web Administration is not a signed copy (by the finance manager), the advert/award WILL NOT be uploaded.

Site Updated:06 July, 2020, 02:33 pm

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DECLARATION OF INTEREST

1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to quote (includes a price quotation, advertised competitive quote, limited quote or proposal). In view of possible allegations of favouritism, should the resulting quote, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the quote(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the quote.
2. In order to give effect to the above, the following questionnaire must be completed and submitted with the quote.

- |  |   |
|--|---|
| 2.1. Full Name of bidder/representative.....   | 2.4. Company Registration Number: ..... |
| 2.2. Identity Number: .....  | 2.5. Tax Reference Number: .....        |
| 2.3. Position occupied in the Company (director, trustee, shareholder <sup>2</sup> ):..... | 2.6. VAT Registration Number: .....     |

2.7. The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / persal numbers must be indicated in paragraph 3 below. [TICK APPLICABLE]

2.8. Are you or any person connected with the bidder presently employed by the state? YES  NO

2.8.1. If so, furnish the following particulars:  
 Name of person / director / trustee / shareholder/ member: .....  
 Name of state institution at which you or the person connected to the bidder is employed:.....  
 Position occupied in the state institution: .....Any other particulars:.....

2.8.2. If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? YES  NO

2.8.2.1. If yes, did you attach proof of such authority to the quote document?

*(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the quote.)*

2.8.2.2. If no, furnish reasons for non-submission of such proof: .....

2.9. Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? YES  NO

2.9.1. If so, furnish particulars:.....

2.10. Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.10.1. If so, furnish particulars:.....

2.11. Are you, or any person connected with the bidder, aware of any relationship (family, friend, other) between any other bidder and any person employed by the state who may be involved with the evaluation and or adjudication of this quote? YES  NO

2.11.1. If so, furnish particulars:.....

2.12. Do you or any of the directors / trustees / shareholders / members of the company have any interest in any other related companies whether or not they are bidding for this contract? YES  NO

2.12.1. If so, furnish particulars:.....

**3. Full details of directors / trustees / members / shareholders.**

NB: The Department Of Health will validate details of directors / trustees / members / shareholders on CSD. It is the suppliers' responsibility to ensure that their details are up-to-date and verified on CSD. If the Department cannot validate the information on CSD, the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.

**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2.

I ACCEPT THAT THE STATE MAY REJECT THE QUOTE OR ACT AGAINST ME SHOULD THIS DECLARATION PROVE TO BE FALSE.

.....	.....	.....	.....
Name of bidder	Signature	Position	Date

<sup>1</sup>"State" means -

- |   |   |
|---|---|
| a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999); | c) provincial legislature;                                    |
| b) any municipality or municipal entity;  | d) national Assembly or the national Council of provinces; or |
|   | e) Parliament.  |

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

## SPECIAL CONTRACT CONDITIONS OF QUOTATIONS

### 1. AMENDMENT OF CONTRACT

- 1.1. Any amendment to or renunciation of the provisions of the contract shall at all times be done in writing and shall be signed by both parties.

### 2. CHANGE OF ADDRESS

- 2.1. Bidders must advise the Department of Health (institution where the offer was submitted) should their address (*domicilium citandi et executandi*) details change from the time of bidding to the expiry of the contract.

### 3. GENERAL CONDITIONS ATTACHED TO THIS QUOTATION

- 3.1. The institution is under no obligation to accept the lowest or any quote.
- 3.2. The price quoted must include VAT (if VAT vendor). However, it must be noted that the department reserves the right to evaluate all quotations excluding VAT as some bidders may not be VAT vendors.
- 3.3. The bidder must ensure the correctness & validity of quote:
- (i) *that the price(s), rate(s) & preference quoted cover all for the work/item (s) & accept that any mistakes regarding the price (s) & calculations will be at the bidder's risk*
- 3.4. The bidder must accept full responsibility for the proper execution & fulfilment of all obligations conditions devolving on under this agreement, as the Principal (s) liable for the due fulfilment of this contract.
- 3.5. This quotation will be evaluated based on the 80/20 points system, specification & correctness of information. All required documentation must be completed in full and submitted.
- 3.6. Offers must comply strictly with the specification.
- 3.7. Only offers that meet or are greater than the specification will be considered.
- 3.8. Late quotes will not be considered.
- 3.9. Expired product/s will not be accepted. All products supplied must be valid for a minimum period of six months.
- 3.10. A bidder not registered on the Central Suppliers Database or verification has failed will not be considered.
- 3.11. All delivery costs must be included in the quote price, for delivery at the prescribed destination.
- 3.12. Only firm prices will be accepted. Such prices must remain firm for the contract period. Non-firm prices (including rates of exchange variations) will not be considered.
- 3.13. In cases where different delivery points influence the pricing, a separate pricing schedule must be submitted for each delivery point.
- 3.14. In the event of a bidder having multiple quotes, only the cheapest according to specification will be considered. Furthermore a verification will be done to identify if bidders have multiple companies and are quoting (cover-quoting) for this bid. In such instances only the cheapest bid according to specification will be considered.

### 4. SPECIAL INSTRUCTIONS AND NOTICES TO BIDDERS REGARDING THE COMPLETION OF THIS QUOTATION.

- 4.1. Unless inconsistent with or expressly indicated otherwise by the context, the singular shall include the plural and vice versa and with words importing the masculine gender shall include the feminine and the neuter.
- 4.2. Under no circumstances whatsoever may the quotation/bid forms be retyped or redrafted. Photocopies of the original bid documentation may be used, but an original signature must appear on such photocopies.
- 4.3. The bidder is advised to check the number of pages and to satisfy himself that none are missing or duplicated.
- 4.4. Quotation submitted must be complete in all respects.
- 4.5. Any alteration made by the bidder must be initialled.
- 4.6. Use of correcting fluid is prohibited
- 4.7. Quotation will be opened in public as soon as practicable after the closing time of quotation.
- 4.8. Where practical, prices are made public at the time of opening quotations.
- 4.9. If it is desired to make more than one offer against any individual item, such offers should be given on a photocopy of the page in question. Clear indication thereof must be stated on the schedules attached.

### 5. SPECIAL INSTRUCTIONS REGARDING HAND DELIVERED QUOTATIONS

- 5.1. Quotation shall be lodged at the address indicated not later than the closing time specified for their receipt, and in accordance with the directives in the quotation documents.
- 5.2. Each quotation shall be addressed in accordance with the directives in the quotation documents and shall be lodged in a separate sealed envelope, with the name and address of the bidder, the quotation number and closing date indicated on the envelope. The envelope shall not contain documents relating to any quotation other than that shown on the envelope. If this provision is not complied with, such quotations/bids may be rejected as being invalid.
- 5.3. All quotations received in sealed envelopes with the relevant quotation numbers on the envelopes are kept unopened in safe custody until the closing time of the quotation/bids. Where, however, a quotation is received open, it shall be sealed. If it is received without a quotation/bid number on the envelope, it shall be opened, the quotation number ascertained, the envelope sealed and the quotation number written on the envelope.
- 5.4. A specific box is provided for the receipt of quotations, and no quotation found in any other box or elsewhere subsequent to the closing date and time of quotation will be considered.

- 5.5. No quotation/bid sent through the post will be considered if it is received after the closing date and time stipulated in the quotation documentation, and proof of posting will not be accepted as proof of delivery.
- 5.6. Quotation documents must not be included in packages containing samples. Such quotations may be rejected as being invalid.

**6. SAMPLES**

- 6.1. In the case of the quote document stipulating that samples are required, the supplier will be informed in due course when samples should be provided to the institution. (This decreases the time of safety and storage risk that may be incurred by the respective institution). The bidders sample will be retained if such bidder wins the contract.
  - (i) If a company/s who has not won the quote requires their samples, they must advise the institution in writing of such.
  - (ii) If samples are not collected within three months of close of quote the institution reserves the right to dispose of them at their discretion.
- 6.2. **Samples must be made available when requested in writing or if stipulated on the document.**
  - (i) If a Bidder fails to provide a sample of their product on offer for scrutiny against the set specification when requested, their offer will be rejected. All testing will be for the account of the bidder.

**7. COMPULSORY SITE INSPECTION / BRIEFING SESSION**

7.1. Bidders who fail to attend the compulsory meeting will be disqualified from the evaluation process.

- (i) The institution has determined that a compulsory site meeting  take place
- (ii) Date  /  /  Time :  Place

Institution Stamp:	Institution Site Inspection / briefing session Official  Full Name: .....  Signature: .....  Date: .....
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**8. STATEMENT OF SUPPLIES AND SERVICES**

8.1. The contractor shall, when requested to do so, furnish particulars of supplies delivered or services executed. If he/she fails to do so, the Department may, without prejudice to any other rights which it may have, institute inquiries at the expense of the contractor to obtain the required particulars.

**9. SUBMISSION AND COMPLETION OF SBD 6.1**

9.1. Should a bidder wish to qualify for preference points they must complete a SBD 6.1 document. Failure by a bidder to provide all relevant information required, will result in such a bidder not being considered for preference point's allocation. The preferences applicable on the closing date will be utilized. Any changes after the closing date will not be considered for that particular quote.

**10. TAX COMPLIANCE REQUIREMENTS**

- 10.1. In the event that the tax compliance status has failed on CSD, *it is the suppliers' responsibility to provide a SARS pin in order for the institution to validate the tax compliance status of the supplier.*
- 10.2. In the event that the institution cannot validate the suppliers' tax clearance on SARS as well as the Central Suppliers Database, *the quote will not be considered and passed over as non-compliant according to National Treasury Instruction Note 4 (a) 2016/17.*

**11. TAX INVOICE**

11.1. A tax invoice shall be in the currency of the Republic of South Africa and shall contain the following particulars:

- (i) the name, address and registration number of the supplier;
- (ii) the name and address of the recipient;
- (iii) an individual serialized number and the date upon which the tax invoice is issued;
- (iv) a description and quantity or volume of the goods or services supplied;
- (v) the official department order number issued to the supplier;
- (vi) the value of the supply, the amount of tax charged;
- (vii) the words tax invoice in a prominent place.

**12. PATENT RIGHTS**

The supplier shall indemnify the KZN Department of Health (hereafter known as the purchaser) against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

### 13. PENALTIES

- 13.1. If at any time during the contract period, the service provider is unable to perform in a timely manner, the service provider must notify the institution in writing/email of the cause of and the duration of the delay. Upon receipt of the notification, the institution should evaluate the circumstances and, if deemed necessary, the institution may extend the service provider's time for performance.
- 13.2. In the event of delayed performance that extends beyond the delivery period, the institution is entitled to purchase commodities of a similar quantity and quality as a substitution for the outstanding commodities, without terminating the contract, as well as return commodities delivered at a later stage at the service provider's expense.
- 13.3. Alternatively, the institution may elect to terminate the contract and procure the necessary commodities in order to complete the contract. In the event that the contract is terminated the institution may claim damages from the service provider in the form of a penalty. The service provider's performance should be captured on the service provider database in order to determine whether or not the service provider should be awarded any contracts in the future.
- 13.4. If the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance.

### 14. TERMINATION FOR DEFAULT

- 14.1. The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:
  - (i) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract,
  - (ii) if the supplier fails to perform any other obligation(s) under the contract; or
  - (iii) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.
- 14.2. In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services.
- 14.3. Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

### 15. FAILURE TO COMPLY WITH ABOVE WILL RESULT IN YOUR QUOTE BEING PASSED OVER.



## PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2017

This preference form must form part of all quotes invited. It contains general information and serves as a claim form for preference points for Broad-Based Black Economic Empowerment (B-BBEE) Status Level of Contribution

**NB: BEFORE COMPLETING THIS FORM, BIDDERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF B-BBEE, AS PRESCRIBED IN THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017.**

### 1. GENERAL CONDITIONS

- 1.1 The following preference point systems are applicable to all quotes:
- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- 1.2 The value of this quote is estimated to not exceed R50 000 000 (all applicable taxes included) and therefore the 80/20 preference point system shall be applicable.
- 1.3 Points for this quote shall be awarded for:
- (a) Price; and
  - (b) B-BBEE Status Level of Contributor.
- 1.4 The maximum points for this quote is allocated as follows:

	POINTS
PRICE	80
B-BBEE STATUS LEVEL OF CONTRIBUTOR	20
Total points for Price and B-BBEE must not exceed	100

- 1.5 Failure on the part of a bidder to submit proof of B-BBEE Status level of contributor together with the quote, will be interpreted to mean that preference points for B-BBEE status level of contribution are not claimed.
- 1.6 The purchaser reserves the right to require of a bidder, either before a quote is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the purchaser.

### 2. DEFINITIONS

- (a) "B-BBEE" means broad-based black economic empowerment as defined in section 1 of the Broad-Based Black Economic Empowerment Act;
- (b) "B-BBEE status level of contributor" means the B-BBEE status of an entity in terms of a code of good practice on black economic empowerment, issued in terms of section 9(1) of the Broad-Based Black Economic Empowerment Act;
- (c) "bid" means a written offer in a prescribed or stipulated form in response to an invitation by an organ of state for the provision of goods or services, through price quotations, advertised competitive bidding processes or proposals;
- (d) "Broad-Based Black Economic Empowerment Act" means the Broad-Based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);
- (e) "EME" means an Exempted Micro Enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (f) "functionality" means the ability of a tenderer to provide goods or services in accordance with specifications as set out in the tender documents.
- (g) "prices" includes all applicable taxes less all unconditional discounts;
- (h) "proof of B-BBEE status level of contributor" means:
  - 1) B-BBEE Status level certificate issued by an authorized body or person;
  - 2) A sworn affidavit as prescribed by the B-BBEE Codes of Good Practice;
  - 3) Any other requirement prescribed in terms of the B-BBEE Act;
- (i) "QSE" means a qualifying small business enterprise in terms of a code of good practice on black economic empowerment issued in terms of section 9 (1) of the Broad-Based Black Economic Empowerment Act;
- (j) "rand value" means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;

**3. POINTS AWARDED FOR PRICE**

**3.1 THE 80/20 PREFERENCE POINT SYSTEMS**

A maximum of 80 points is allocated for price on the following basis:

$$Ps = 80 \left( 1 - \frac{Pt - Pmin}{Pmin} \right) \text{ Where}$$

- Ps = Points scored for price of bid under consideration
- Pt = Price of bid under consideration
- Pmin = Price of lowest acceptable bid

**4. POINTS AWARDED FOR B-BBEE STATUS LEVEL OF CONTRIBUTOR**

4.1 In terms of Regulation 6 (2) and 7 (2) of the Preferential Procurement Regulations, preference points must be awarded to a bidder for attaining the B-BBEE status level of contribution in accordance with the table below:

B-BBEE Status Level of Contributor	Number of points (80/20 system)
1	20
2	18
3	14
4	12
5	8
6	6
7	4
8	2
Non-compliant contributor	0

**5. BID DECLARATION**

5.1 Bidders who claim points in respect of B-BBEE Status Level of Contribution must complete the following:

**6. B-BBEE STATUS LEVEL OF CONTRIBUTOR CLAIMED IN TERMS OF PARAGRAPHS 1.4 AND 4.1**

6.1 B-BBEE Status Level of Contributor: = .....(maximum of 20 points)

(Points claimed in respect of paragraph 7.1 must be in accordance with the table reflected in paragraph 4.1 and must be substantiated by relevant proof of B-BBEE status level of contributor.

**7. SUB-CONTRACTING**

(Tick applicable box)

7.1 Will any portion of the contract be sub-contracted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7.1.1 If yes, indicate:

- i) What percentage of the contract will be subcontracted.....%
- ii) The name of the sub-contractor.....
- iii) The B-BBEE status level of the sub-contractor.....

8. Whether the sub-contractor is an EME or QSE

(Tick applicable box)

iv) Specify, by ticking the appropriate box, if subcontracting with an enterprise in terms of Preferential Procurement Regulations,2017:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Designated Group: An EME or QSE which is at least 51% owned by:	EME √	QSE √
Black people		
Black people who are youth		
Black people who are women		
Black people with disabilities		
Black people living in rural or underdeveloped areas or townships		
Cooperative owned by black people		
Black people who are military veterans		
OR		
Any EME		
Any QSE		

9. DECLARATION WITH REGARD TO COMPANY/FIRM

9.1 Name of company/firm:.....

9.2 VAT registration number:.....

9.3 Company registration number:.....

9.4 TYPE OF COMPANY/ FIRM [TICK APPLICABLE BOX]

- Partnership/Joint Venture / Consortium
- One person business/sole propriety
- Close corporation
- Company
- (Pty) Limited

9.5 DESCRIBE PRINCIPAL BUSINESS ACTIVITIES

.....  
.....

9.6 COMPANY CLASSIFICATION [TICK APPLICABLE BOX]

- Manufacturer
- Supplier
- Professional service provider
- Other service providers, e.g. transporter, etc.

9.7 Total number of years the company/firm has been in business:.....

9.8 I/we, the undersigned, who is / are duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the B-BBE status level of contributor indicated in paragraphs 1.4 and 6.1 of the foregoing certificate, qualifies the company/ firm for the preference(s) shown and I / we acknowledge that:

- i) The information furnished is true and correct;
- ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;
- iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 6.1, the contractor may be required to furnish documentary proof to the satisfaction of the purchaser that the claims are correct;
- iv) If the B-BBEE status level of contributor has been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the purchaser may, in addition to any other remedy it may have –
  - (a) disqualify the person from the bidding process;
  - (b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;
  - (c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;
  - (d) recommend that the bidder or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted by the National Treasury from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and
  - (e) forward the matter for criminal prosecution.

WITNESSES	
1.	.....
2.	.....

..... SIGNATURE(S) OF BIDDERS(S)
DATE: .....
ADDRESS..... ..... .....



Name: \_\_\_\_\_

Folder No: \_\_\_\_\_

**Perinatal History**

Antenatal Care:	Site:	Mother syphilis: + / - / ?	Syphilis Rx: Full / Partial / ?
Delivery:	Mode:	Place:	Apgars:
Gestation:	Birth weight:	Length:	COH:
Problems:			

**HIV**

Mother HIV	Test date	Result	HIV Status		Maternal ART		
			Uninfected	Infected	Not yet	Pregnancy	Lifelong

Child HIV	Test type	Date	Result	HIV Status			Cotrimoxazole prophylaxis
	PCR at 6/52			Not HIV infected	HIV exposed (perinatal/ongoing BF)	HIV infected*	Not applicable/ Date:
	PCR after BF stopped			Not HIV infected	HIV exposed (perinatal/ongoing BF)	HIV infected*	Not applicable/ Date:
	Rapid			Not HIV infected	HIV exposed (perinatal/ongoing BF)	HIV infected*	Not applicable/ Date:
	ELISA			Not HIV infected	HIV exposed (perinatal/ongoing BF)	HIV infected*	Not applicable/ Date:

\*insert comprehensive HIV Care Record in patient's folder

**Relatives who may be HIV-infected**

	Current carer	Carer's partner	Sibling 1	Sibling 2	Sibling 3
Name:					
HIV status (circle)	+/-/?	+/-/?	+/-/?	+/-/?	+/-/?

**Vaccinations** (circle required vaccines, insert all dates given, don't tick; remember to update RTHB)

Birth	BCG	OPV 0	OPV 1	HepB 1	PCV 1
6 weeks	DTaP-IPV-Hib 1	RV 1			
10 weeks	DTaP-IPV-Hib 2			HepB 2	
14 weeks	DTaP-IPV-Hib 3	RV 2		HepB 3	PCV 2
9 months				Measles 1	PCV 3
18 months	DTaP-IPV-Hib 4			Measles 2	
6 years	Td 1				
12 years	Td 2				

**Vitamin A** (check vitamin A prophylaxis for children under 5 and administer a dose if required; update RTHB)

Dose	Age	Date	Age	Date	Age	Date
50 000 iu PO	6 weeks		This dose is only for children who are not breastfed. If breastfed administer 200 000 iu to mother			
100 000 iu PO	6 months					
200 000 iu PO every 6 months	12 months		30 months		48 months	
	18 months		36 months		54 months	
	24 months		42 months		60 months	
Additional doses	Date	Dose	Reason	Date	Dose	Reason

Name: \_\_\_\_\_

POPO

Folder No: \_\_\_\_\_

2

**TB screening and assessment**

Date of assessment					
TB contact (in past 12 months)?					
Persistent cough > 2 weeks	Y/N	Y/N	Y/N	Y/N	Y/N
Fatigue / reduced playfulness	Y/N	Y/N	Y/N	Y/N	Y/N
Fever every day for > 2 weeks	Y/N	Y/N	Y/N	Y/N	Y/N
Not growing well (check growth chart)	Y/N	Y/N	Y/N	Y/N	Y/N
Clinical signs of TB	Y/N	Y/N	Y/N	Y/N	Y/N
Mantoux (mm)					
CXR					
TB assessment <i>(Circle one option clearly)</i>	No TB currently Needs IPT Active TB**	No TB currently Needs IPT Active TB**	No TB currently Needs IPT Active TB**	No TB currently Needs IPT Active TB**	No TB currently Needs IPT Active TB**

\*\*Insert comprehensive TB Care Record in patient's folder

**Social History**

Primary caregiver:	Name: _____	Relationship: _____
	Occupation: _____	Cell phone: _____
Household income: _____	Number of Dependents: _____	
Qualifies for Grant:	Child Support Grant	Care Dependency Grant
Start date: _____	Foster Care Grant	

**Food Security**

Currently breast fed: Yes / No / ?	Food supply adequate: Yes / No / ?	Needs nutrition support: Yes / No / ?
------------------------------------	------------------------------------	---------------------------------------

**Family History**

Mother: _____
Father: _____
Other: _____

**Significant Past Medical History**

Hospital	Folder number	Clinical problem	Outcome/Long term plan

**Developmental History (enter age attained)**

Smiled: _____	Sat: _____	Crawled: _____	Walked: _____	Talked: _____
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**Schooling**

Year	School/centre	Grade	Any problems

Name: \_\_\_\_\_

Folder No: \_\_\_\_\_

### Developmental screen

Screen development at every visit for a child under two years of age and annually if over two years (using the Molteno chart below).

Date of assessment					
Age in months (CA)					
Gross motor (months)					
Fine motor (months)					
Communication (months)					
Personal & social (months)					
Developmental age in months (DA) =GM+FM+C+P&S/4					
Development quotient (DA/CA)					
Care dependent	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Special need					

### Development Assessment Chart (0 – 10 years)

Age	Gross Motor	Fine Motor	Communication	Personal Social
Newborn	Ventral suspension: head drops, hips flexed, limbs hang Moro, plantar, grasp reflexes	Hands fisted Closes eyes to sudden bright light	Stills to sound Startles to sudden loud noises	Alternates between drowsiness and alert wakefulness
6 weeks	Pull to sit: some head control Prone: head to side, buttocks moderately high; Moro reflex	Stares Follows horizontally to 90°	Startle response	Smiles at mother
3 months	Pulls to sit: little or no head lag Prone: supports on forearms, lifts head, buttocks flat Rolls from prone to supine	Follows through 180° Holds rattle when placed in hand	Coos, chuckles and squeals	Excited when sees mother Obvious pleasure at being handled
6	Pulls to sit: braces shoulders and pulls Prone: Lifts head and chest up Supports on extended arm Rolls from supine to prone	Reaches for and grasps toy Transfers toy from one hand to the other	Initiates conversation	Takes everything to the mouth Pats mirror image
9	Sits without support Crawls on hands and knees	Immediately reaches out and holds a cube in each hand Exploratory mouthing	Vocalizes to attract attention Babbles	Stranger anxiety Holds cup
10	Pulls to stand, walks with assistance	Picks up small object between finger and thumb Clicks two cubes together	Shakes head for no Waves bye-bye	Plays peek-a-boo with mother.
12	Bear walks, walks around furniture lifting one foot and stepping sideways, may walk alone	Pincer grasp, releases object on request	Knows own name 2-3 words with meaning	Finger feeds Pushes arm into sleeve
15	Walks alone - uneven steps, arms out for balance	2 cube tower	Jabbers with expression Uses 5 words (other than mama, dada)	Pulls off socks; Holds and drinks from a cup; Attempts to feed with a spoon - spills most
18	Walks well, arms down Pulls a toy; Throws a ball Climbs on a chair	Completes simple form board with reversal (trial and error)* 3-4 cube tower	2 word utterances: 6-20 words Points to one body part Points to one picture	Indicates wet / dirty nappy Pulls up pants Handles spoon and cup well
24	Runs Walks up and down steps two feet per step	6 cube tower and train 3 piece form board* Imitates vertical lines Hand preference	Combines 5 words, <50 words, Uses pronouns, I, you, me Points to 5 body parts Names 3 picture	Spoon feeds without spilling Clean and dry by day Looks at books
36	Walks up steps one foot per step, and down 2 feet per step	9 cube tower and bridge Copies ○	Knows name, gender Talks incessantly Digit repetition (3) Names 8 picture cards	Dry at night Dresses - needs help with buttons
48	Stands on preferred foot (3-5s) Hops on preferred foot Up and down stairs one foot per step Catches ball 2/3	Copies + Builds a gate with cubes	Sentence repetition; Knows full name Recognises colours Names 12 picture cards Obeys: ball on, under, behind, at side	Eats with spoon and fork Dresses and undresses Washes and dries hands Make-believe play
60	Walks easily on a narrow line Hops on each foot - 20 times	Copies △, □ Builds steps (6-10 cubes) Draws a man, full features	Fluent speech 3 opposites - lady, big and hot Comprehends cold, tired, hungry	Dresses and undresses on own Play - group of 4-5 Chooses own friends
72	Walks backwards along a straight line (10 paces) Sits up without help of hands	Copies ◇, ⊠ Builds 10 cube steps	Word definition (5) Compositions - door, shoes, spoon Knows birthday, address	Co-operative play - leadership and division of labour
7-8 yrs	Jumps feet together Throws ball up and catches	Writes name, draws a person, facial features, limbs correct, align to body, hands	Talks sentences of 10 syllables	One special friend Dresses and undresses without help
9-10 yrs	Runs downstairs	Writes 3 word sentences	Produces all speech sounds including s, z and ng	Takes full responsibility for personal care



Name: \_\_\_\_\_

Folder Number: \_\_\_\_\_

## HIV CARE RECORD

## HIV EXPOSURE, PREVENTION AND IDENTIFICATION

Mother	Date	Result
HIV Serology		
1 <sup>st</sup> CD4		
Lowest CD4		
Maternal Care	Date	(circle appropriate)
Lifelong ART		not given unknown
AZT from <sup>34</sup> / <sub>40</sub>		not given unknown
Intrapartum ART		not given unknown
Outcome for child (circle appropriate)		
HIV Infected	HIV Uninfected	

Child	Date	Age	Result
PCR 6 weeks old	Date: Lab no:		
PCR <sup>6</sup> / <sub>52</sub> after exclusive breast feeding stopped	Date: Lab no:		
Rapid 1			
Rapid 2			
ELISA			
Child Care	Date started	Date stopped	
Exclusive breast feeding			
NVP from birth			
Cotrimoxazole from <sup>6</sup> / <sub>52</sub>			

## ART ELIGIBILITY &amp; INITIATION

Eligibility criteria	Tick to <u>START</u> ART
Age < 1 year	
1 - 5 years	
WHO Clinical Stage 3 or 4	
CD4 ≤ 25%	
CD4 < 750 cells/mm <sup>3</sup>	
5 - 15 years	
WHO Clinical Stage 3 or 4	
CD4 < 350 cells/mm <sup>3</sup>	
Fast-track eligibility	Tick to <u>FAST TRACK</u>
Age < 1 year	
WHO Clinical Stage 4	
MDR/XDR Tuberculosis	

Pre-ART baseline condition		
CD4	Date:	Result:
Viral Load	Date:	Result:
WHO Clinical Stage	Date:	Stage:
ART supervisor (responsible caregiver)		
Name:		
Relationship:	Cell:	
ART literacy (adherence counselling)		
Site:	Date ready:	
ART initiation		
Site:	Date:	Folder no:
ART continuation		
Site:	Date:	Folder no:

## HIV CARE (CIRCLE APPROPRIATE)

ART Regimen: 1st Line		ART Regimen: 2nd Line		TB prevention...	Nutrition
< 3 years old	> 3 years old & > 10kg	< 3 years old	> 3 years old & > 10kg	If TB excluded	All children
Abacavir (ABC) Lamivudine (3TC) Lopinavir/Ritonavir (LPV/r)	Abacavir (ABC) Lamivudine (3TC) Efavirenz (EFZ)	Consult local referral centre (regional HIV expert)	Zidovudine (AZT) Didanosine (ddI) Lopinavir/Ritonavir (LPV/r)	INH preventive therapy (IPT) for 6 months	Extra food, vitamins, deworming

## HIV PROGRESS

Date:					
WHO Clinical Stage (table overleaf)					
CD4 (< 5 years: %, > 5 years: cells/mm <sup>3</sup> )					
Viral Load (copies/ml)					
Disclosure to child (none/early/partial/full)					
Development (delayed/normal)					
Cotrimoxazole (yes/no)					





Name: \_\_\_\_\_

Folder Number: \_\_\_\_\_

**WHO PAEDIATRIC HIV CLINICAL STAGING (FOR CHILDREN <15 YEARS AND LABORATORY CONFIRMED HIV INFECTION)**

- Asymptomatic
- Persistent generalized lymphadenopathy
- Unexplained, persistent hepatosplenomegaly
- Papular pruritic eruptions
- Seborrhoeic dermatitis
- Extensive human papilloma virus infection
- Extensive molluscum contagiosum
- Fungal nail infections
- Recurrent oral ulcerations
- Lineal gingival erythema (LGE)
- Angular cheilitis
- Unexplained, persistent parotid enlargement
- Herpes zoster
- Recurrent or chronic RTIs (otitis media, otorrhoea, sinusitis, tonsillitis)
- Moderate unexplained malnutrition not adequately responding to standard therapy
- Unexplained persistent diarrhoea (14 days or more)
- Unexplained persistent fever (above 37.5°C, intermittent or constant, for longer than 1 month)
- Persistent oral candidiasis (after first 6-8 weeks of life)
- Oral hairy leukoplakia
- Acute necrotizing ulcerative gingivitis / periodontitis
- Pulmonary TB
- Tuberculous lymphadenopathy (axillary, cervical or inguinal)
- Severe recurrent presumed bacterial pneumonia
- Unexplained anaemia (<8gm/dl), &/or neutropenia (<500/mm<sup>3</sup>) &/or thrombocytopenia (<50 000/mm<sup>3</sup>) for > 1/12
- Chronic HIV-associated lung disease including bronchiectasis
- Symptomatic lymphoid interstitial pneumonitis (LIP)
- Unexplained severe wasting, stunting or severe malnutrition not adequately responding to standard therapy
- Pneumocystis pneumonia
- Recurrent severe presumed bacterial infection (e.g. empyema, pyomyositis, bone/joint infection, meningitis, but not pneumonia)
- Chronic herpes simplex infection (orolabial or cutaneous of more than 1 month's duration, or visceral at any site)
- Extrapulmonary TB
- Kaposi's sarcoma
- Oesophageal candidiasis (or candidiasis of trachea, bronchi, or lungs)
- CNS toxoplasmosis (outside the neonatal period)
- HIV encephalopathy
- CMV infection (retinitis or infection of organs other than liver, spleen or lymph nodes; onset at age of ≥ 1 month)
- Extrapulmonary cryptococcosis including meningitis
- Any disseminated endemic mycosis (e.g. extrapulmonary histoplasmosis, coccidiomycosis, penicilliosis)
- Chronic cryptosporidiosis
- Chronic isosporiasis
- Disseminated non-tuberculous mycobacterial infection
- Acquired HIV-associated rectal fistula
- Cerebral or B cell non-Hodgkin's lymphoma
- Progressive multifocal leukoencephalopathy (PML)
- HIV-associated cardiomyopathy or HIV-associated nephropathy

**RELATIVES WHO MAY BE HIV-INFECTED**

	Current carer	Carer's partner	Sibling 1	Sibling 2	Sibling 3
Name:					
HIV Status (circle)	+/-/?	+/-/?	+/-/?	+/-/?	+/-/?



Name: \_\_\_\_\_

### COMPREHENSIVE CHILDHOOD TB ASSESSMENT (PAGE 1)

1. TB ASSESSMENT: TICK LIST FOR ALL CHILDREN (PERFORM FREQUENTLY, AND CHECK TB STATUS IN ROAD TO HEALTH BOOKLET)

	Date:					
HIV infected						
Primary caregiver HIV infected						
Regular or close contact with someone who has TB (see overleaf)						
Previously treated for TB						
Persistent cough > 2 weeks						
Fatigue / reduced playfulness						
Fever every day for > 2 weeks						
Not growing well (look at growth chart)						
Weight for Height Z-score (WHZ) < -2 or Weight < 3 <sup>rd</sup> centile						
Persistent neck masses > 2cm x 2cm						
Signs of extra-pulmonary TB (e.g. gibbus deformity)						
Caregiver's CXR suggests TB						
⇒ Suspected TB (if any ONE risk above is present)						

2. TB INVESTIGATIONS: CHECK FOR ANY CHILD WITH "SUSPECTED TB"

	Date:				
Skin test (Mantoux; record in mm)					
Chest X-ray checklist <i>(the hallmark of paediatric pulmonary TB is mediastinal lymphadenopathy)</i>	Lymphadenopathy				
	Bronchial compression				
	Consolidation/collapse				
	Miliary pattern				
CSF: Lumbar puncture <i>(Do in ALL children with clinical meningitis OR disseminated/miliary TB, if/when there are no signs of raised intracranial pressure)</i>	Date	Cell count and biochemistry	Opening pressure		

3. TB STATUS: DECIDE FOR ALL CHILDREN WITH "SUSPECTED TB" (CLINICAL JUDGEMENT COMBINING TB ASSESSMENT & INVESTIGATIONS)

	Date:			
No TB currently (Continue regular TB risk assessments)				
*Needs IPT (Notify, Isoniazid Preventative Therapy for 6 months: OVERLEAF)				
Active TB disease (Notify, Classify & Treat: OVERLEAF)				

\*Needs IPT: Mantoux positive and/or contact with someone with TB, and no TB symptoms or signs in:  
 a) Children under 5 years OR  
 b) HIV infected children

4. TRACK TB SPECIMENS

Specimen/Site	Date	Lab ID	TB-PCR	Microscopy	Culture	Sensitivity
1 <sup>st</sup> GW / Sputum / IS						
2 <sup>nd</sup> GW / Sputum / IS						
3 <sup>rd</sup> GW / Sputum						
CSF / Pleural fluid / Ascites						
FNA/Biopsy						
TB confirmation	Probable: Smear -ve; TB-PCR -ve; culture -ve; clinical diagnosis			Definite: Smear +ve; TB-PCR +ve; culture +ve		



Name: \_\_\_\_\_

Folder Number: \_\_\_\_\_

## DYNAMIC CHILDHOOD TB MANAGEMENT (PAGE 2)

## 5. REGISTER &amp; NOTIFY

Date:	Site:	Blue Card filled in: Y / N	Notification no:	Sign:
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## 6. MAKE A FINAL TB DIAGNOSIS, CLASSIFY TB DISEASE &amp; SELECT TREATMENT REGIMEN (CIRCLE &amp; TICK APPLICABLE)

Needs IPT			Uncomplicated TB			Complicated TB*			Disseminated TB			Resistant TB		
<input type="checkbox"/> Mantoux +ve/TB contact AND <input type="checkbox"/> Under 5 years OR <input type="checkbox"/> HIV infected WITHOUT TB symptoms or signs			<input type="checkbox"/> PTB (adenopathy only) <input type="checkbox"/> Peripheral TB adenopathy <input type="checkbox"/> Pleural effusion (unilateral)			<input type="checkbox"/> Extensive PTB/Smear +ve <input type="checkbox"/> Abdominal TB <input type="checkbox"/> Osteo-articular/Spinal TB <input type="checkbox"/> Pericardial TB <input type="checkbox"/> TB/HIV co-infection <input type="checkbox"/> Retreatment			<input type="checkbox"/> Disseminated (miliary) TB <input type="checkbox"/> TB meningitis			<input type="checkbox"/> Monoresistance <input type="checkbox"/> MDR (R & H resistance) <input type="checkbox"/> XDR  MDR/XDR team MUST devise CARE PLAN		
Drug	Dose (mg/kg)	Duration (months)	Drug	Dose (mg/kg)	Duration (months)	Drug	Dose (mg/kg)	Duration (months)	Drug	Dose (mg/kg)	Duration (months)	Drug	Dose (mg/kg)	Duration (months)
INH	10-15	6	INH	10-15	6	INH	10-15	6	INH	20	6			
			Rif	10-20	6	Rif	10-20	6	Rif	20	6			
			PZA	30-40	2	PZA	30-40	2	PZA	40	6			
						Etham	15-25	2	Ethio	15-25	6			

\*Add Pyridoxine 12.5 mg daily x 6 months if HIV-infected or malnourished

## 7. MAKE A TB TREATMENT PLAN (USE THE ABOVE CLASSIFICATION TO COMPLETE FOR THIS CHILD)

*Tablet	Drug	Composition(mg)	No. tabs	Duration (m)	Treatment start date	Planned end date	Initiation site	Follow up site
H	Isoniazid	100						
RHZ	Rifampicin / Isoniazid / Pyrazinamide	60/30/150						
RH (circle applicable)	Rifampicin / Isoniazid	60/60 or 150/75 or 300/150						
RHZE	Rifampicin / Isoniazid / Pyrazinamide / Ethambutol	150/75/400/275						
Ethio OR Etham	Ethionamide / Ethambutol	400						
Z	Pyrazinamide	150 or 500						

\*maximum daily dose: H-300mg; R-Rifampicin (600mg); Z-Pyrazinamide (2000mg); Ethio-Ethionamide (1000mg); E/Etham-Ethambutol (1375mg, not used in children &lt;4kg)

## 8. CHECK HIV TREATMENT PLAN

<input type="checkbox"/> HIV infected	If not on ART, start ART 2 weeks after TB treatment started. REMEMBER TO BOOST RITONAVIR if using Kaletra	ART start date:	<input type="checkbox"/> HIV uninfected
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## 9. FOLLOW UP SAMPLES (DO AT 2/12 IF PRE-TREATMENT SAMPLES +VE, OR IF CLINICAL DETERIORATION)

Specimen	Date	Lab ID	TB-PCR	Microscopy	Culture	Sensitivity
1 <sup>st</sup> GW / Sputum / IS						
2 <sup>nd</sup> GW / Sputum / IS						
3 <sup>rd</sup> GW / Sputum						

## 10. CHECK RESPONSE TO TREATMENT PLAN AT FOLLOW UP

Follow-up date	1 month	2 months	4 months	6 months	End
Treatment: Adherence good (Check 'Green Card') (y/n)					
Clinical: Growing well and, remains well OR symptoms/signs improved (y/n)					
*Lab: If sputum +ve, has there been conversion to sputum -ve? (y/n/na/?)					
⇒ Review with paediatrician (If ANY answer above is 'No') (y/n)					

## TB SOURCE CASE DETAILS (CIRCLE APPLICABLE)

	Primary caregiver	Other source case
Name & nature of relationship		
TB symptoms getting better	Y / N / ?	Y / N / ?
Sputum culture result of contact	Sensitive / Monoresistance / MDR / XDR / ?	Sensitive / Monoresistance / MDR / XDR / ?

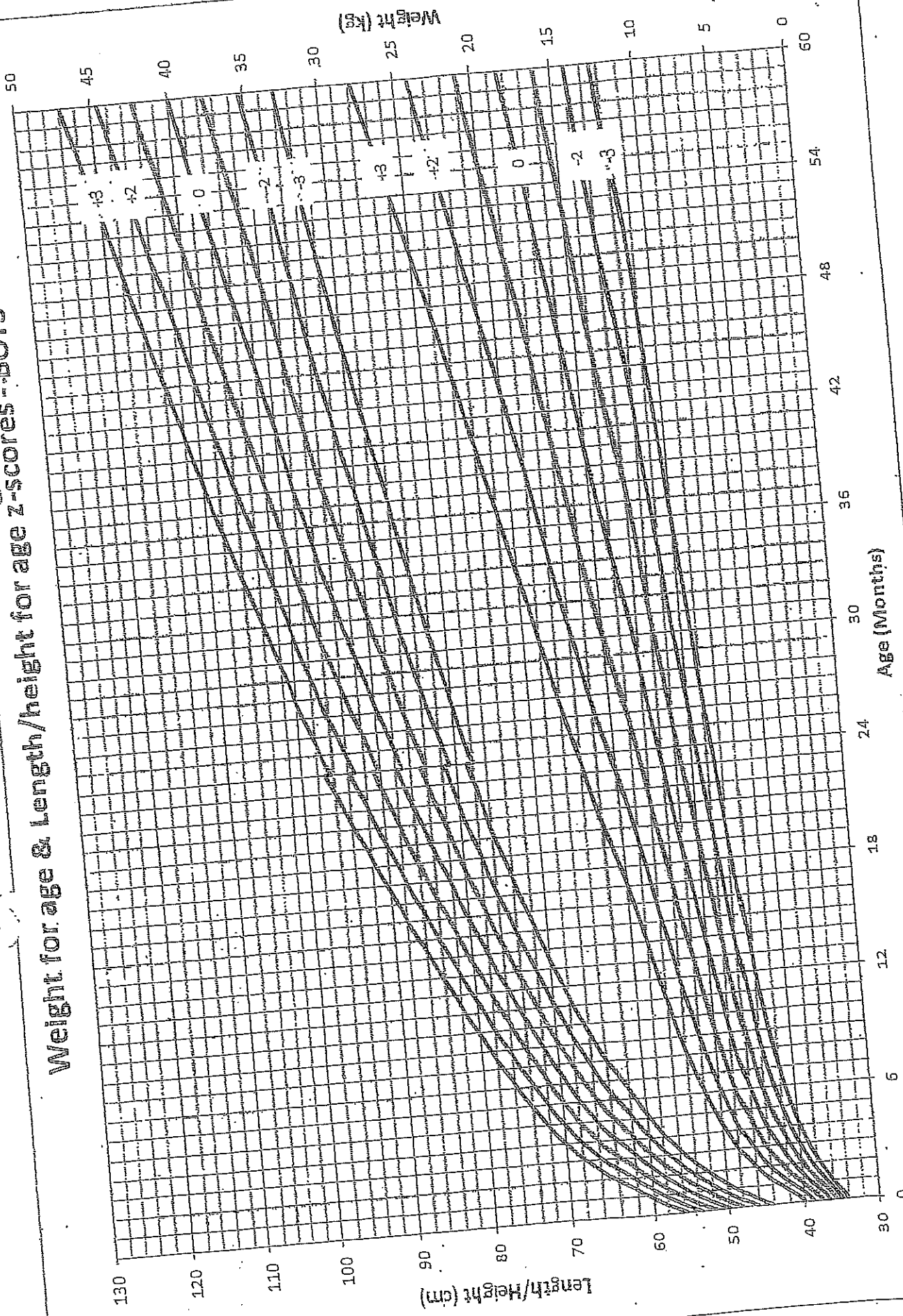
### Weight-for-Height Reference Card (87 cm and above)

Boys' weight (kg)					Height	Girls' weight (kg)				
-4 SD	-3 SD	-2 SD	-1 SD	Médian	(cm)	Médian	-1 SD	-2 SD	-3 SD	-4 SD
8.9	9.6	10.4	11.2	12.2	87	11.9	10.9	10.0	9.2	8.4
9.1	9.8	10.6	11.5	12.4	88	12.1	11.1	10.2	9.4	8.6
9.3	10.0	10.8	11.7	12.6	89	12.4	11.4	10.4	9.6	8.8
9.4	10.2	11.0	11.9	12.9	90	12.6	11.6	10.6	9.8	9.0
9.6	10.4	11.2	12.1	13.1	91	12.9	11.8	10.9	10.0	9.1
9.8	10.6	11.4	12.3	13.4	92	13.1	12.0	11.1	10.2	9.3
9.9	10.8	11.6	12.6	13.6	93	13.4	12.3	11.3	10.4	9.5
10.1	11.0	11.8	12.8	13.8	94	13.6	12.5	11.5	10.6	9.7
10.3	11.1	12.0	13.0	14.1	95	13.9	12.7	11.7	10.8	9.8
10.4	11.3	12.2	13.2	14.3	96	14.1	12.9	11.9	10.9	10.0
10.6	11.5	12.4	13.4	14.6	97	14.4	13.2	12.1	11.1	10.2
10.8	11.7	12.6	13.7	14.8	98	14.7	13.4	12.3	11.3	10.4
11.0	11.9	12.9	13.9	15.1	99	14.9	13.7	12.5	11.5	10.6
11.2	12.1	13.1	14.2	15.4	100	15.2	13.9	12.8	11.7	10.7
11.3	12.3	13.3	14.4	15.6	101	15.5	14.2	13.0	12.0	10.9
11.5	12.5	13.6	14.7	15.9	102	15.8	14.5	13.3	12.2	11.1
11.7	12.8	13.8	14.9	16.2	103	16.1	14.7	13.5	12.4	11.3
11.9	13.0	14.0	15.2	16.5	104	16.4	15.0	13.8	12.6	11.5
12.1	13.2	14.3	15.5	16.8	105	16.8	15.3	14.0	12.9	11.8
12.3	13.4	14.5	15.8	17.2	106	17.1	15.6	14.3	13.1	12.0
12.5	13.7	14.8	16.1	17.5	107	17.5	15.9	14.6	13.4	12.2
12.7	13.9	15.1	16.4	17.8	108	17.8	16.3	14.9	13.7	12.4
12.9	14.1	15.3	16.7	18.2	109	18.2	16.6	15.2	13.9	12.7
13.2	14.4	15.6	17.0	18.5	110	18.6	17.0	15.5	14.2	12.9
13.4	14.6	15.9	17.3	18.9	111	19.0	17.3	15.8	14.5	13.2
13.6	14.9	16.2	17.6	19.2	112	19.4	17.7	16.2	14.8	13.5
13.8	15.2	16.5	18.0	19.6	113	19.8	18.0	16.5	15.1	13.7
14.1	15.4	16.8	18.3	20.0	114	20.2	18.4	16.9	15.4	14.0
14.3	15.7	17.1	18.6	20.4	115	20.7	18.8	17.2	15.7	14.3
14.6	16.0	17.4	19.0	20.8	116	21.1	19.2	17.5	16.0	14.5
14.8	16.2	17.7	19.3	21.2	117	21.6	19.6	17.8	16.3	14.8
15.0	16.5	18.0	19.7	21.6	118	22.0	19.9	18.2	16.6	15.1
15.3	16.8	18.3	20.0	22.0	119	22.4	20.3	18.5	16.9	15.4
15.5	17.1	18.6	20.4	22.4	120	22.8	20.7	18.9	17.3	15.6

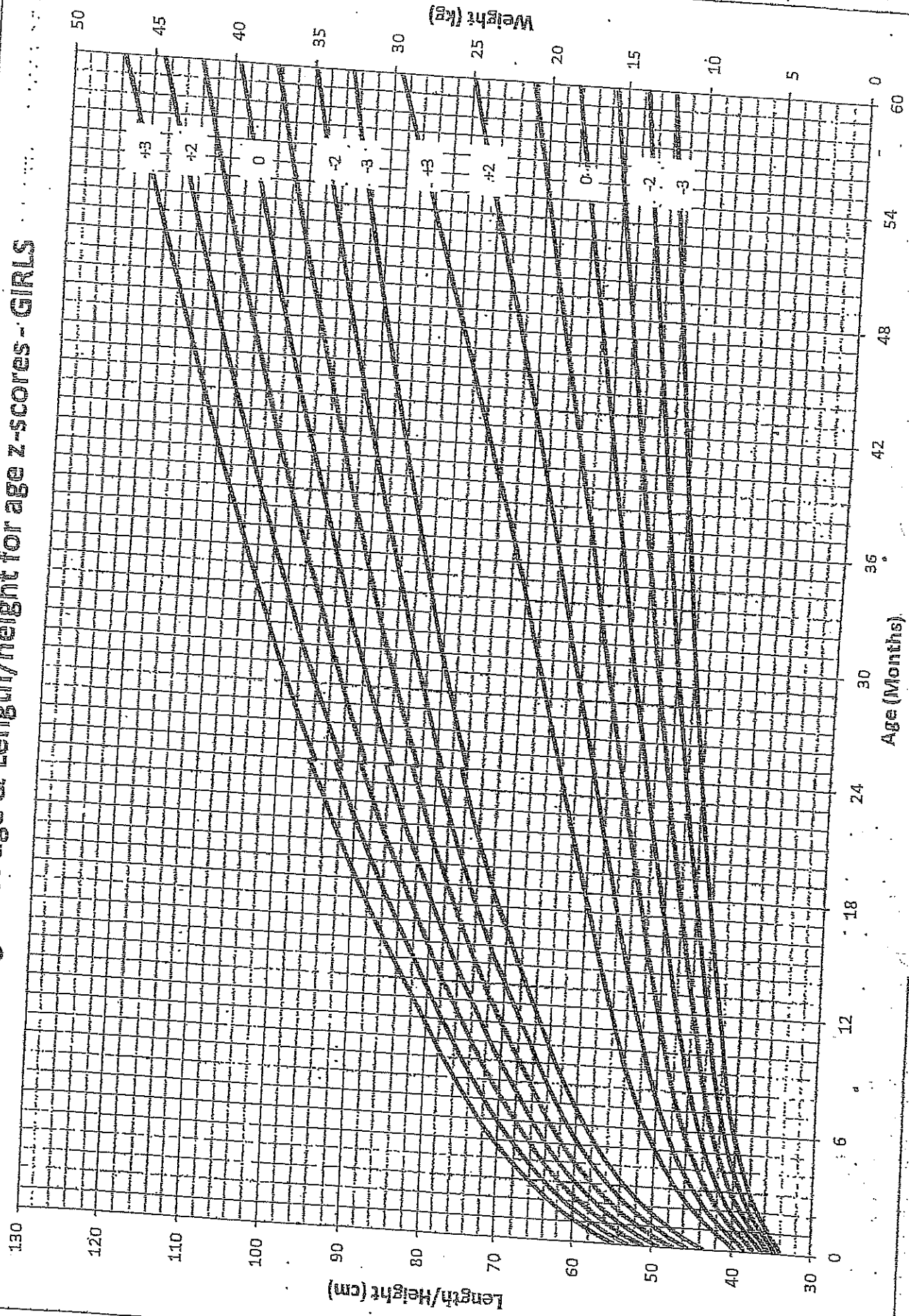
# Weight-for-Length Reference Card (below 87 cm)

Boys' weight (kg)					Length	Girls' weight (kg)				
-4 SD	-3 SD	-2 SD	-1 SD	Médian	(cm)	Médian	-1 SD	-2 SD	-3 SD	-4 SD
1.7	1.9	2.0	2.2	2.4	45	2.5	2.3	2.1	1.9	1.7
1.8	2.0	2.2	2.4	2.6	46	2.6	2.4	2.2	2.0	1.9
2.0	2.1	2.3	2.5	2.8	47	2.8	2.6	2.4	2.2	2.0
2.1	2.3	2.5	2.7	2.9	48	3.0	2.7	2.5	2.3	2.1
2.2	2.4	2.6	2.9	3.1	49	3.2	2.9	2.6	2.4	2.2
2.4	2.6	2.8	3.0	3.3	50	3.4	3.1	2.8	2.6	2.4
2.5	2.7	3.0	3.2	3.5	51	3.6	3.3	3.0	2.8	2.5
2.7	2.9	3.2	3.5	3.8	52	3.8	3.5	3.2	2.9	2.7
2.9	3.1	3.4	3.7	4.0	53	4.0	3.7	3.4	3.1	2.8
3.1	3.3	3.6	3.9	4.3	54	4.3	3.9	3.6	3.3	3.0
3.3	3.6	3.8	4.2	4.5	55	4.5	4.2	3.8	3.5	3.2
3.5	3.8	4.1	4.4	4.8	56	4.8	4.4	4.0	3.7	3.4
3.7	4.0	4.3	4.7	5.1	57	5.1	4.6	4.3	3.9	3.6
3.9	4.3	4.6	5.0	5.4	58	5.4	4.9	4.5	4.1	3.8
4.1	4.5	4.8	5.3	5.7	59	5.6	5.1	4.7	4.3	3.9
4.3	4.7	5.1	5.5	6.0	60	5.9	5.4	4.9	4.5	4.1
4.5	4.9	5.3	5.8	6.3	61	6.1	5.6	5.1	4.7	4.3
4.7	5.1	5.6	6.0	6.5	62	6.4	5.8	5.3	4.9	4.5
4.9	5.3	5.8	6.2	6.8	63	6.6	6.0	5.5	5.1	4.7
5.1	5.5	6.0	6.5	7.0	64	6.9	6.3	5.7	5.3	4.8
5.3	5.7	6.2	6.7	7.3	65	7.1	6.5	5.9	5.5	5.0
5.5	5.9	6.4	6.9	7.5	66	7.3	6.7	6.1	5.6	5.1
5.6	6.1	6.6	7.1	7.7	67	7.5	6.9	6.3	5.8	5.3
5.8	6.3	6.8	7.3	8.0	68	7.7	7.1	6.5	6.0	5.5
6.0	6.5	7.0	7.6	8.2	69	8.0	7.3	6.7	6.1	5.6
6.1	6.6	7.2	7.8	8.4	70	8.2	7.5	6.9	6.3	5.8
6.3	6.8	7.4	8.0	8.6	71	8.4	7.7	7.0	6.5	5.9
6.4	7.0	7.6	8.2	8.9	72	8.6	7.8	7.2	6.6	6.0
6.6	7.2	7.7	8.4	9.1	73	8.8	8.0	7.4	6.8	6.2
6.7	7.3	7.9	8.6	9.3	74	9.0	8.2	7.5	6.9	6.3
6.9	7.5	8.1	8.8	9.5	75	9.1	8.4	7.7	7.1	6.5
7.0	7.6	8.3	8.9	9.7	76	9.3	8.5	7.8	7.2	6.6
7.2	7.8	8.4	9.1	9.9	77	9.5	8.7	8.0	7.4	6.7
7.3	7.9	8.6	9.3	10.1	78	9.7	8.9	8.2	7.5	6.9
7.4	8.1	8.7	9.5	10.3	79	9.9	9.1	8.3	7.7	7.0
7.6	8.2	8.9	9.6	10.4	80	10.1	9.2	8.5	7.8	7.1
7.7	8.4	9.1	9.8	10.6	81	10.3	9.4	8.7	8.0	7.3
7.9	8.5	9.2	10.0	10.8	82	10.5	9.6	8.8	8.1	7.5
8.0	8.7	9.4	10.2	11.0	83	10.7	9.8	9.0	8.3	7.6
8.2	8.9	9.6	10.4	11.3	84	11.0	10.1	9.2	8.5	7.8
8.4	9.1	9.8	10.6	11.5	85	11.2	10.3	9.4	8.7	8.0
8.6	9.3	10.0	10.8	11.7	86	11.5	10.5	9.7	8.9	8.1

# Weight for age & Length/height for age z-scores - BOYS

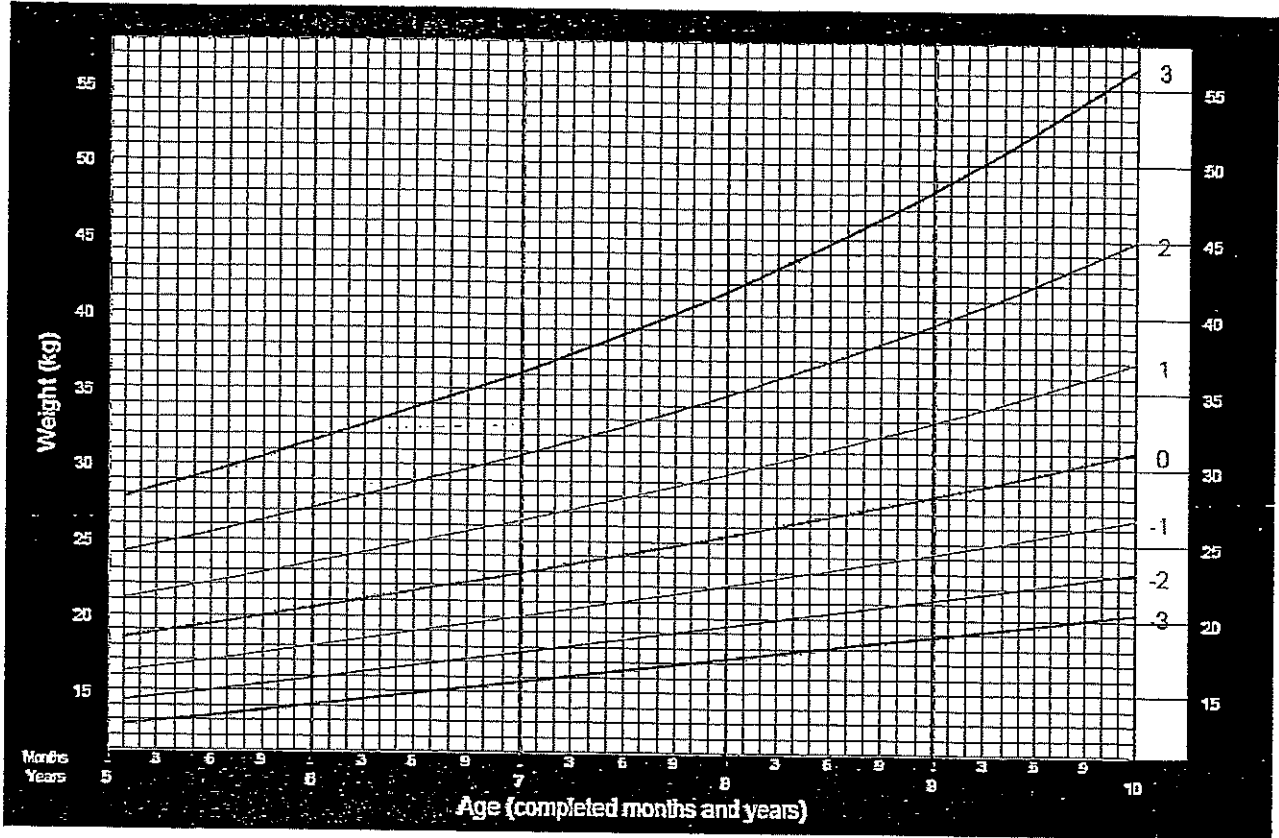
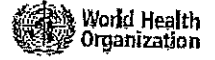


# Weight for age & Length/height for age z-scores - GIRLS



# Weight-for-age BOYS

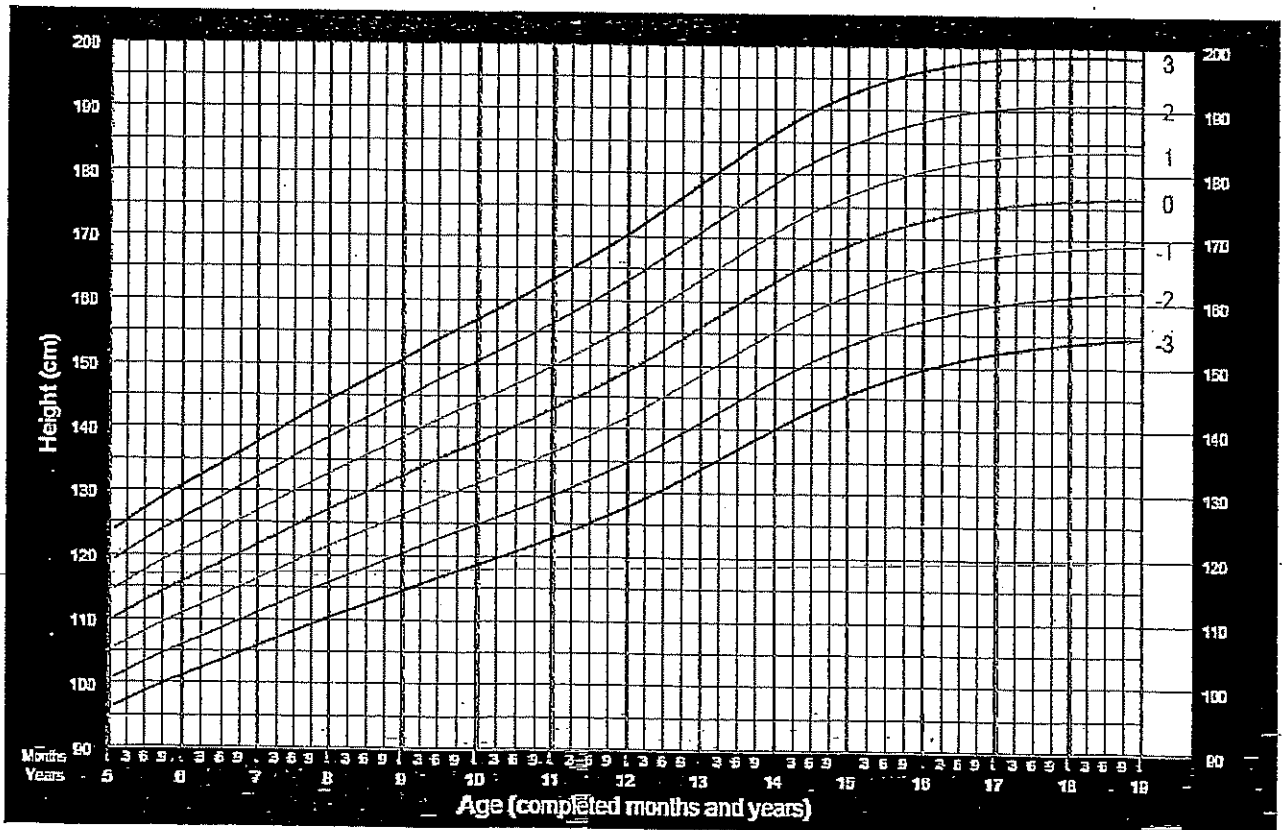
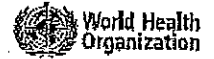
5 to 10 years (z-scores)



2007 WHO Reference

# Height-for-age BOYS

5 to 19 years (z-scores)

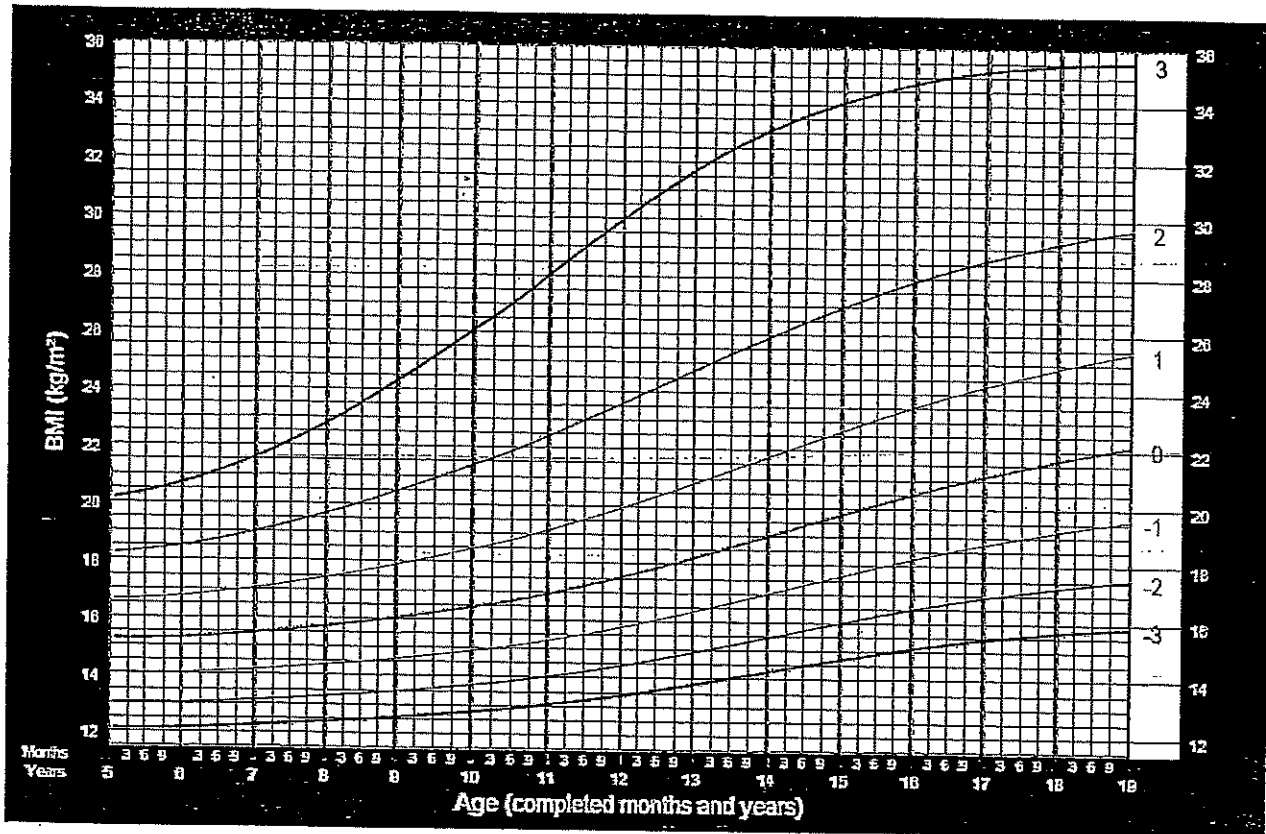


2007 WHO Reference



# BMI-for-age BOYS

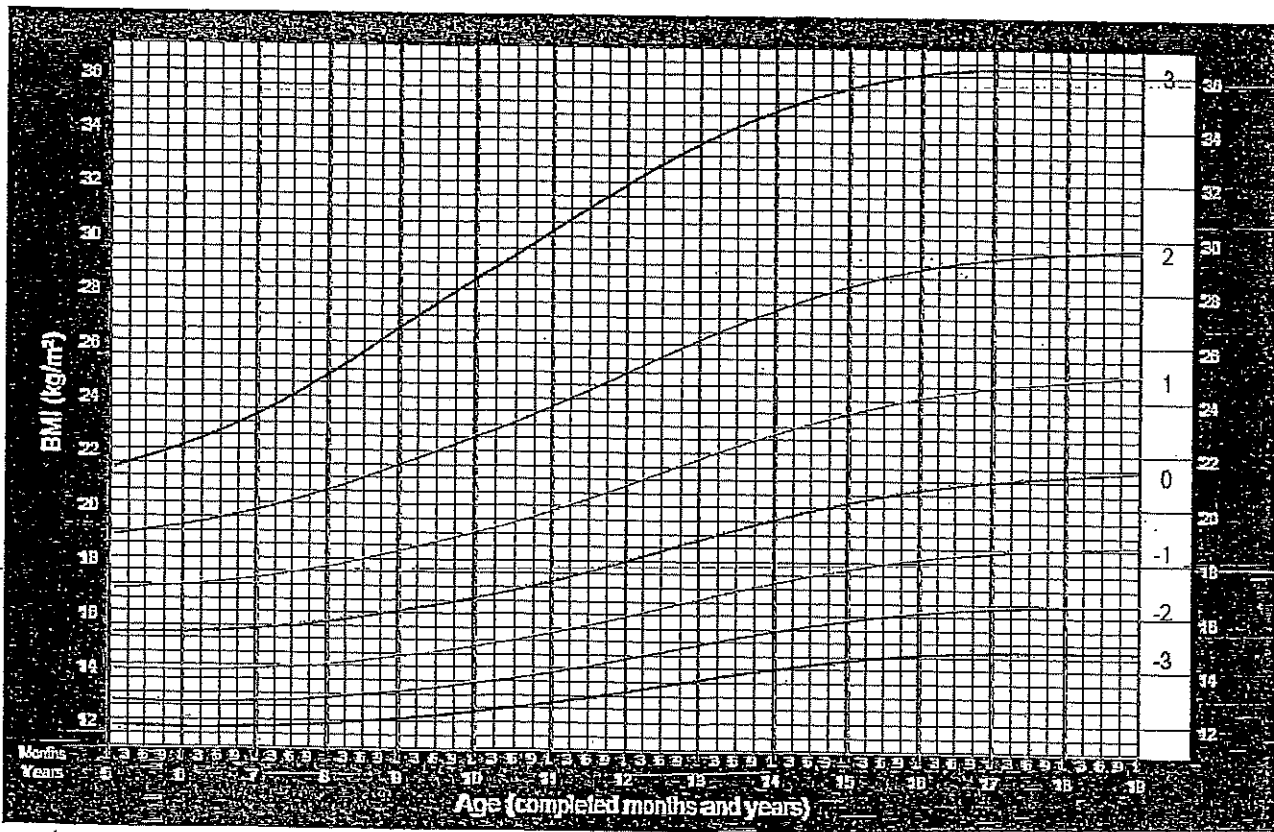
5 to 19 years (z-scores)



2007 WHO Reference

# BMI-for-age GIRLS

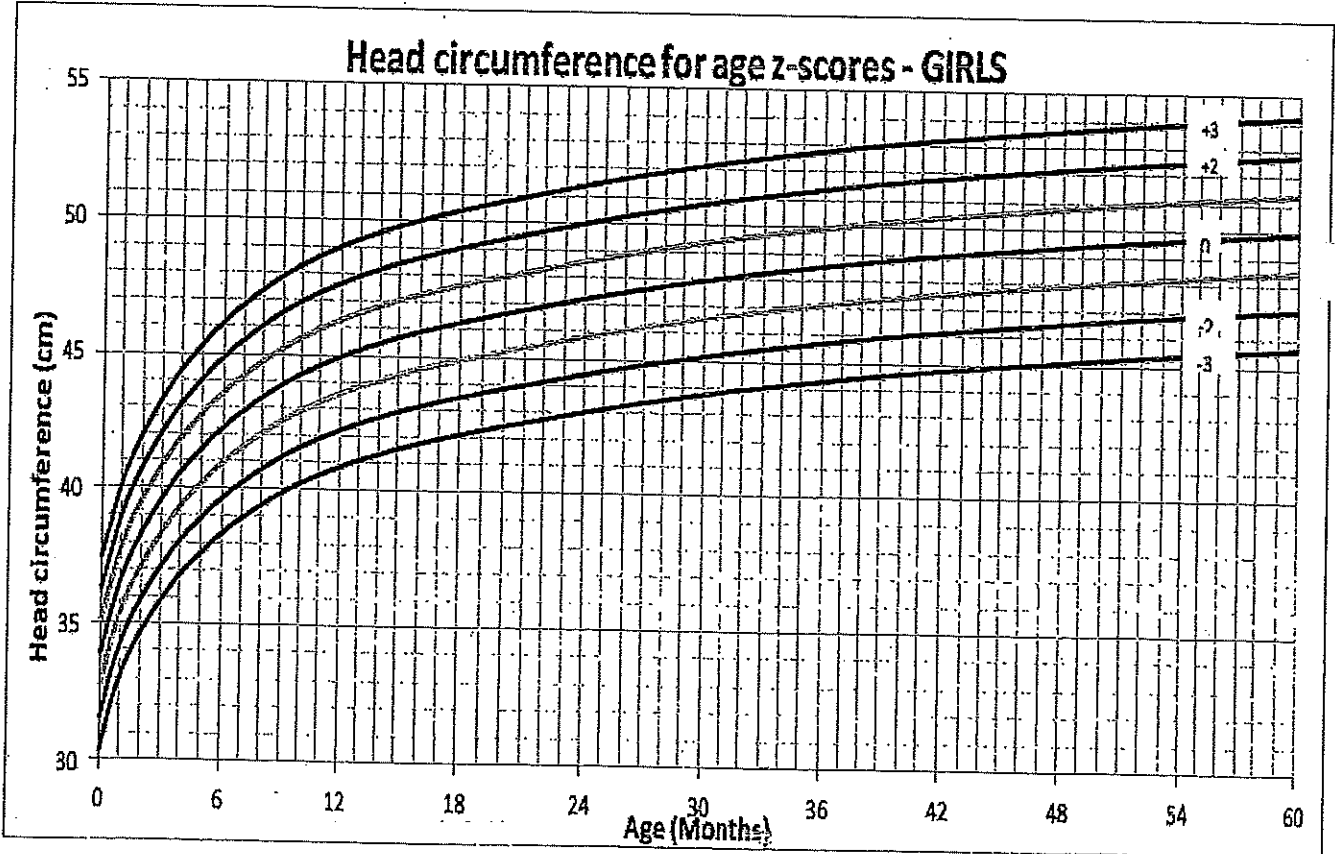
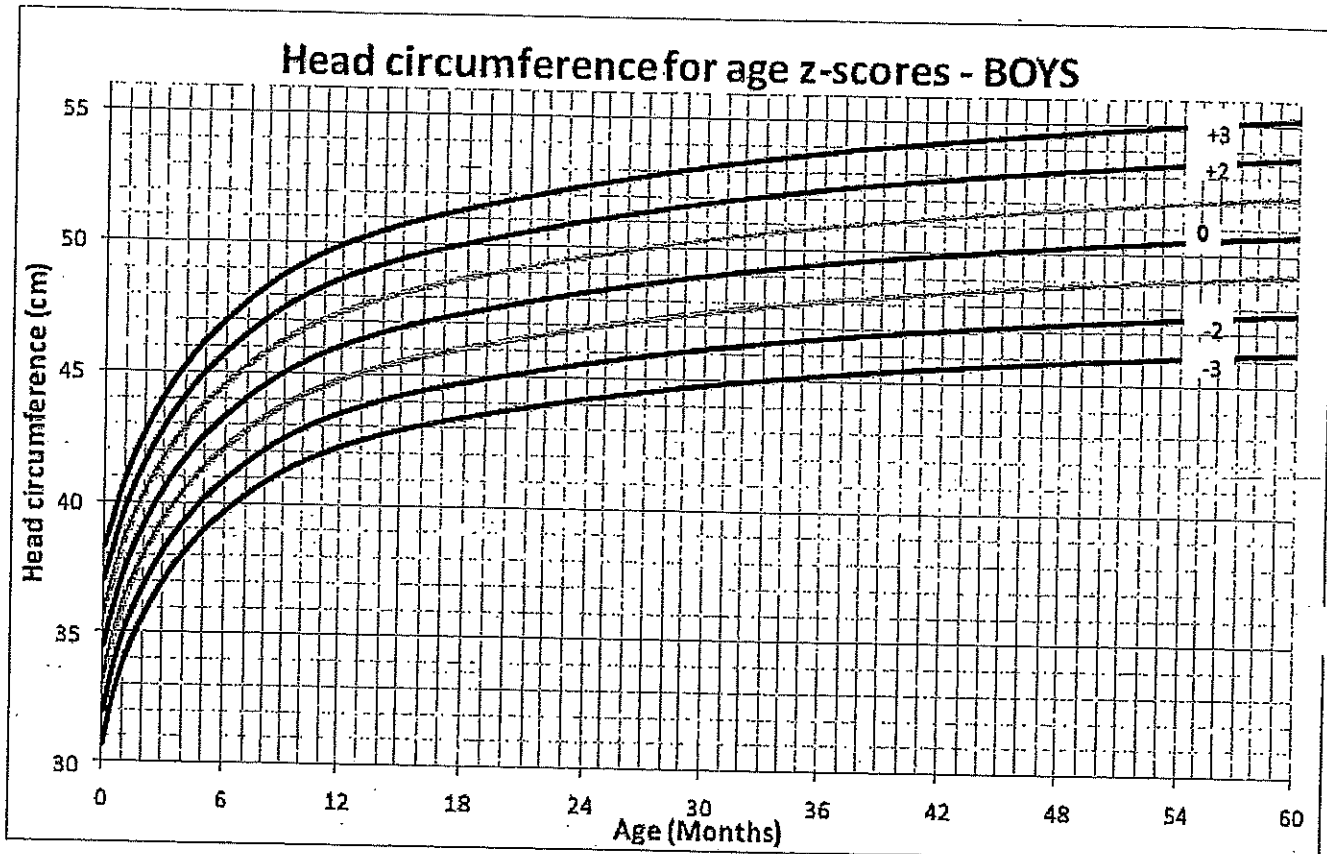
5 to 19 years (z-scores)



2007 WHO Reference

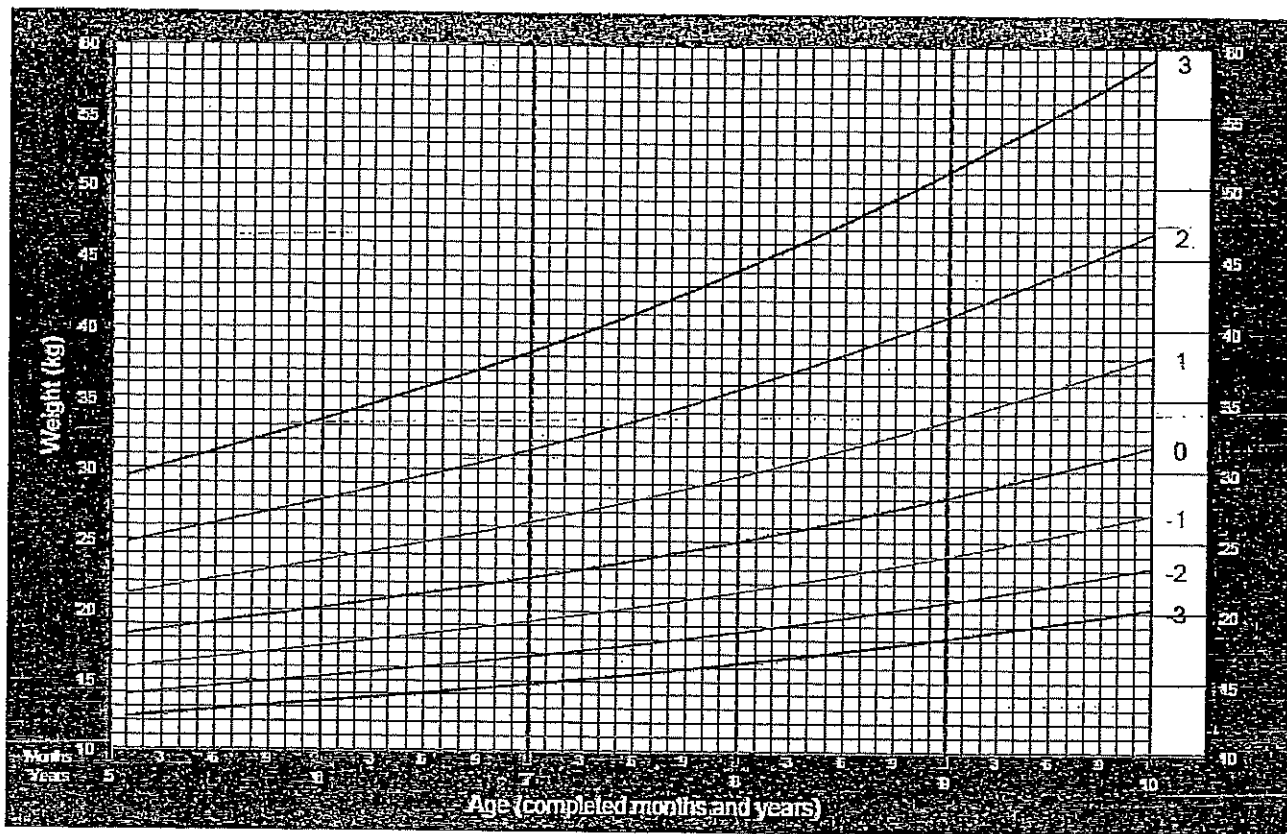
Name: \_\_\_\_\_

Folder No: \_\_\_\_\_



# Weight-for-age GIRLS

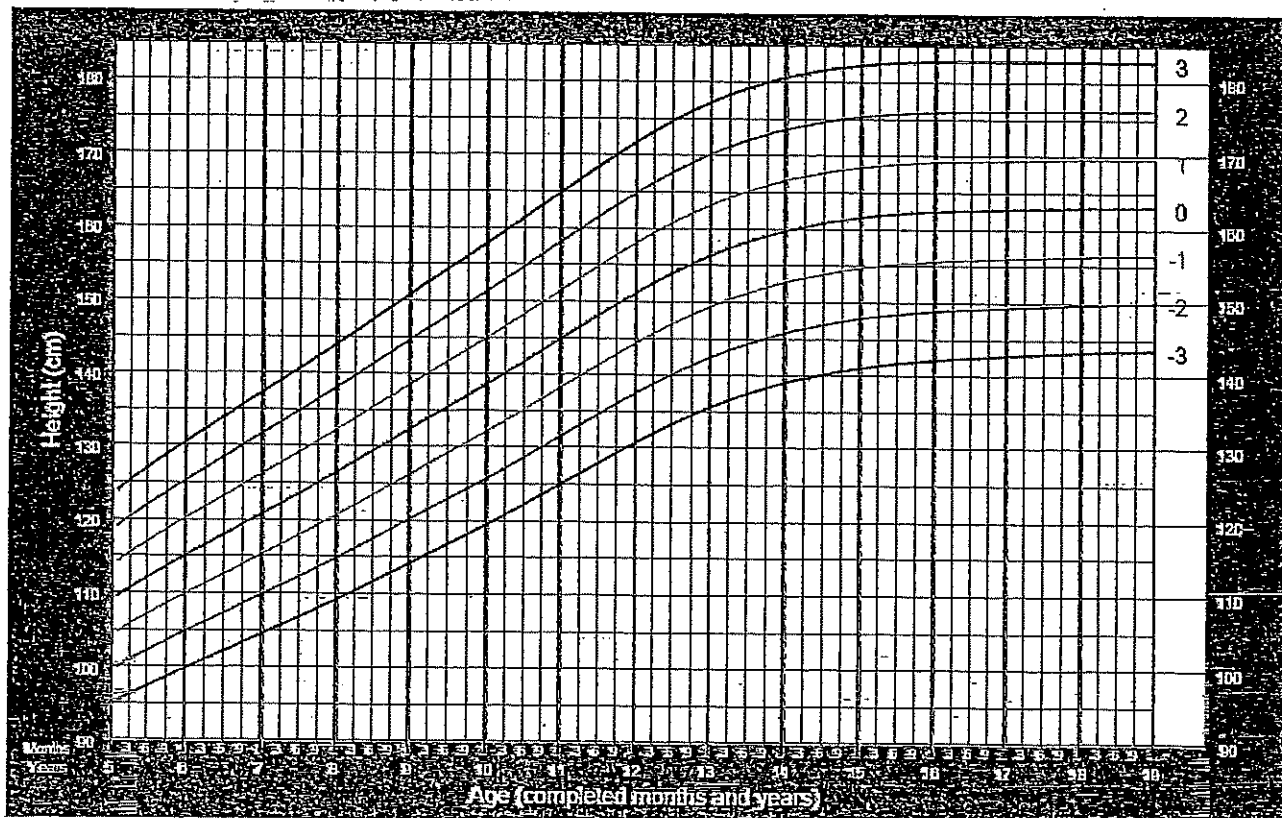
5 to 10 years (z-scores)



2007 WHO Reference

# Height-for-age GIRLS

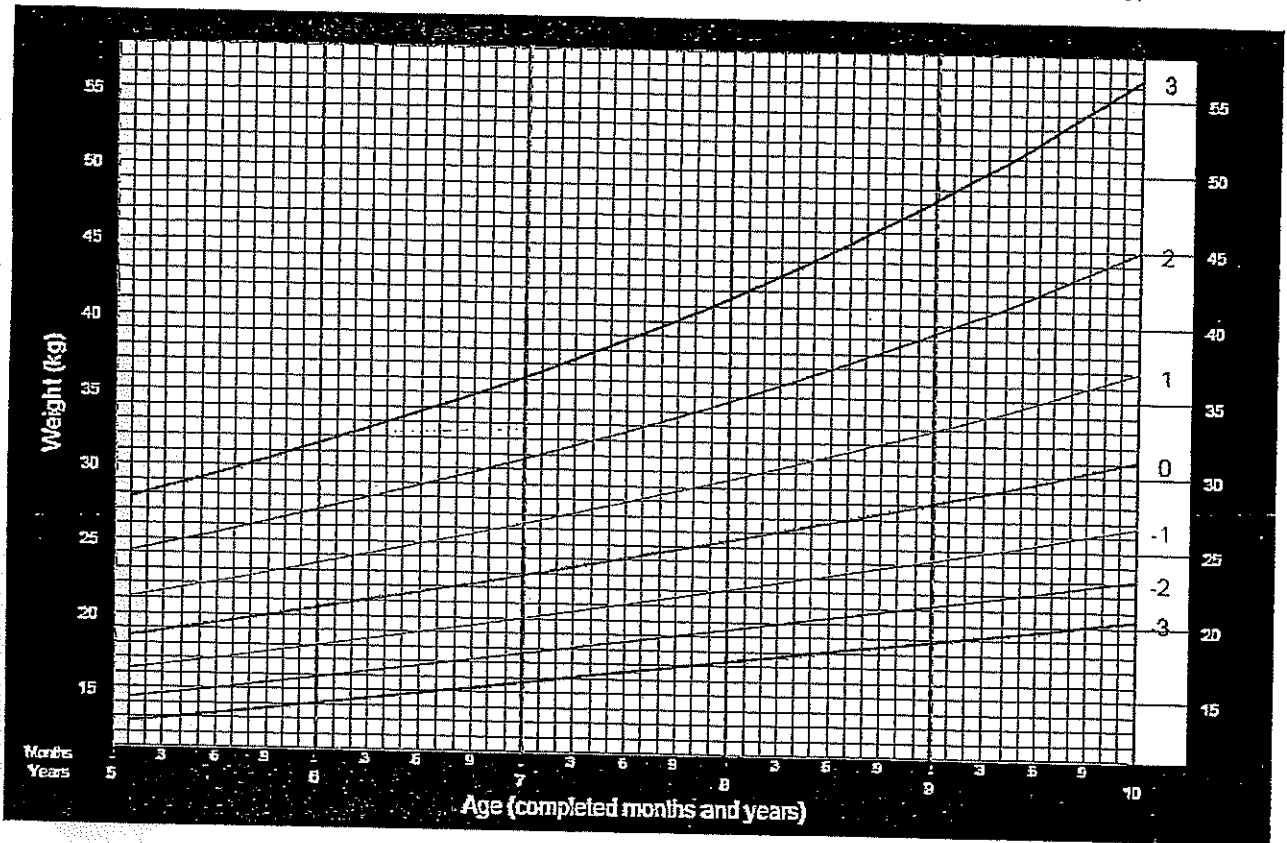
5 to 19 years (z-scores)



2007 WHO Reference

# Weight-for-age BOYS

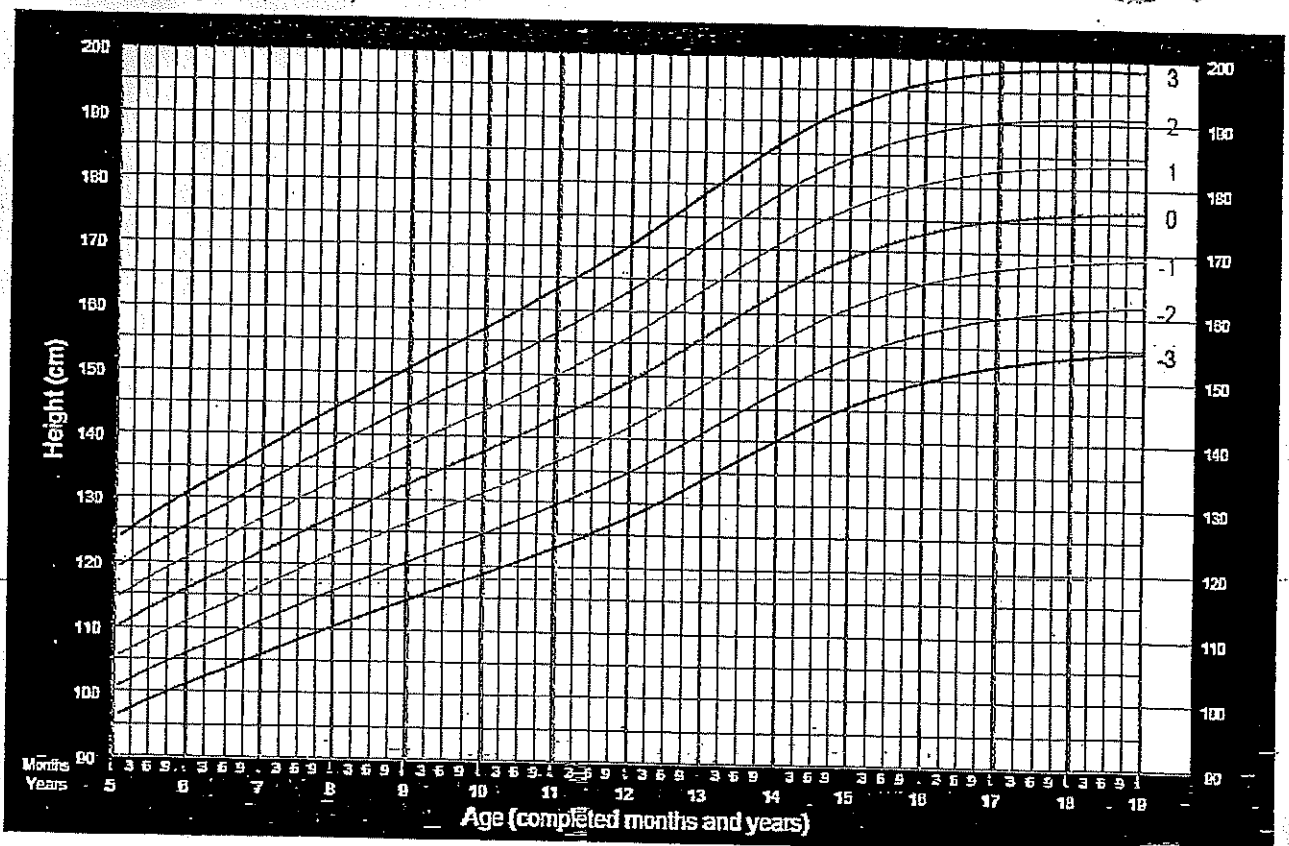
5 to 10 years (z-scores)



2007 WHO Reference

# Height-for-age BOYS

5 to 19 years (z-scores)



2007 WHO Reference





Name: \_\_\_\_\_

Folder No: \_\_\_\_\_

**Cultures**

Date	Test	Result

**Serology**

Date	Test	Result

**Radiology**

Date	Image	

**Other/Special**

Date	Test	Result



**Department of Paediatrics – Edendale Hospital**  
**Patient Counselling Form**



**health**  
 Department:  
 Health  
 PROVINCE OF KWAZULU-NATAL

Ward \_\_\_\_\_  
 Patient Name \_\_\_\_\_  
 IP Number: \_\_\_\_\_

(igama lomntwana) ngitshelelwe \_\_\_\_\_

(igama) \_\_\_\_\_ (ubuhlobo) of \_\_\_\_\_

Mina, ngokulandelayo mayelane nomntwana \_\_\_\_\_ (ubuhlobo)

Yes No Yes No Yes No Yes No Yes No

- 1. Isifo
- 2. Ukuhlolwa nemiphumela yesifo
- 3. Uhlelo lokwelashwa
- 4. Uzogcina enjani
- 5. Ngibandakanyiwe kuzonke izinqumo mayelana nokwelashwa kuika (ubuhlobo)
- Ukusayina komzali
- Ukusayina lukadokotela
- Usuku
- Uma ungatshelwanga bala isizathu nokuthi kuzokwenziwani



**health**

Department of Health  
PROVINCE OF KWAZULU-NATAL

## Department of Paediatrics -- Edendale Hospital Patient Counselling Form

Ward \_\_\_\_\_  
Patient Name \_\_\_\_\_  
IP Number: \_\_\_\_\_

(igama lomntwana) ngitshelelwe \_\_\_\_\_

(ubuhlobo) of \_\_\_\_\_

Mina, \_\_\_\_\_ (igama) \_\_\_\_\_ (ubuhlobo)  
ngokufandelayo mayelane nomntwana \_\_\_\_\_ (ubuhlobo)

	Yes		No		Yes		No	
1. Isiffo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ukuhlolwa nemiphumela yesiffo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uhlolo lokwelashwa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Uzogcina enjani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ngibandakanyiwe kuzonke izinqumo mayelana nokwelashwa kuika (ubuhlobo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ukusayina komzali								
Ukusayina kukadokotela								
Usuku								
Uma ungatshelwanga bala isizathu nokuthi kuzokwenzwani								





