PRINTER: Cut sheet on dotted line exactly (at 75)

Date/ Time	Notes	Signed*

Name

Unit No

Special features

Apgars /1 /5 /10 **Gestation at birth** **Birth weight centile** **Baby's blood group (if known)**

Key points requiring special postnatal follow-up (e.g congenital anomaly, poor feeding)

Meconium stained liquor ☐ Medications Additional information in mother's notes ☐

Date/ Time	Notes	Signed*

Affix additional free text sheets here, and number them 15.1, 15.2 etc

*** Signatures must be listed on page 24 for identification**

Name

Unit No