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| **Patient initials / number** (*first, middle, last*): Sex: [ ]  M [ ]  F [ ]  Pregnant [ ]  Lactating Date of birth (*day/month/year*): \_ \_ /\_ \_ \_ /\_ \_ \_ \_ OR age group at onset: [ ]  0 < 1 year [ ]  1- 5 years[ ]  > 5years -18 years [ ] >18 years –60 years [ ]  >60 yearsDate patient notified event to health system(*day/month/year*): \_ \_ /\_ \_ \_ /\_ \_ \_ \_ | Reporter’s Name: Institution: Designation &Department: Region: Telephone & e-mail:Today’s date (*day/month/year*): \_ \_ /\_ \_ \_ /\_ \_ \_ \_ |
| Health facility (or vaccination centre) name: |

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| **Vaccine** | **Diluent** |
| **Name of vaccine (Generic)** | **Brand Name and Name of Manufacturer** | **Date of vaccination***day/month/year* | **Time of vaccination****(**24hrs) | **Dose (1st, 2nd, etc.)** | **Batch/Lot number** | **Expiry date** | **Batch/Lot number** | **Expiry date** | **Time of reconstitution**(24hrs) |
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| **Adverse event(s):**[ ]  Severe local reaction [ ]  *>3 days* [ ]  beyond nearest joint[ ] Seizures [ ]  febrile [ ]  afebrile[ ]  Abscess [ ]  Sepsis[ ]  Encephalopathy [ ]  Toxic shock syndrome [ ]  Thrombocytopenia [ ]  Anaphylaxis [ ]  Fever≥38°C Other (specify) Date (*day/month/year*) & Time (24 Hr/Min) AEFI started**:**\_ \_ /\_ \_ \_ /\_ \_ \_ \_ \_ \_ /\_ \_ | Describe AEFI (Signs and symptoms): |
| **Serious:** [ ]  **Yes** [ ]  **No** If Yes: [ ]  Death\* [ ]  Life threatening [ ]  Disability [ ]  Hospitalisation [ ]  Congenital anomaly [ ]  Important medical event [ ]  Other (Specify) **Outcome** [ ] **:**Recovering [ ]  Recovered [ ]  Recovered with sequelae [ ]  Not Recovered [ ]  Unknown \*Date of death (*day/month/year*): \_ \_ /\_ \_ \_ /\_ \_ \_ \_ Autopsy done: [ ]  Yes [ ]  No [ ]  Unknown If yes, provide report |
| Provide past medical history (including history of similar reaction or other allergies), concomitant medication and dates of administration (exclude those used to treat reaction) other relevant information (e.g. other cases)***.*** *Use additional sheet if needed***:** |
| Date report received by MCA:  | MCA AEFI number:  |
| Comments: |