Notification Form for Adverse Events Following Immunization (AEFI)

Patient Information

Name: MOH Division:

Age: ☐ ☐ months/years Sex: Male ☐ Female ☐ Telephone:

Name & address of the Parent/Guardian:

Information on the vaccine (primary suspected and other)

Vaccine (Generic Name)	Vaccine (Trade name)*	Route	Dose (1st, 2nd, 3rd, 4th)	Batch/Lot Number	Expiry date	VVM Status (I, II, III, IV)

Diluent used: Yes ☐ No ☐ If "yes', Diluent batch/lot number Expiry date of Diluent

**Trade name is necessary only in private sector immunization*

Place vaccine administered: Date:

Person vaccine administered: Doctor ☐ PHNS/Nurse ☐ PHM ☐ PHI ☐ Time: am/pm

Adverse Events

Local Adverse Events Requiring investigation	Injection site abscess ☐ BCG Lymphadenitis ☐ Severe local reaction ☐
CNS Adverse Events Requiring Investigation	Vaccine associated paralytic poliomyelitis ☐ GBS ☐ Encephalopathy ☐ Encephalitis ☐ Meningitis ☐ Seizures Febrile ☐ Seizures Afebrile ☐
Other Adverse Events Requiring Investigation	Anaphylaxis ☐ Persistent screaming ☐ Osteitis / Osteomyelitis ☐ Hypotonic Hyporesponsive Episode ☐ Toxic Shock Syndrome ☐
Adverse Events Not Requiring Investigation	Allergic reaction ☐ Arthralgia ☐ High fever (>39^{0}C / 102^{0}F) ☐ Nodule at the injection site ☐
Other Adverse Events	a) b)

Instruction: Before reporting an AEFI, please refer to the definition for the relevant AEFI given in overleaf and make sure that reporting event agrees with the criteria stipulated in the definition

Date & Time onset of adverse event:

Date & Time referring to medical care :

Medical History/Other	Outcome
	Hospitalized: Yes No If "Yes": Hospital: BHT: Still in the hospital ☐ Discharged ☐ Outcome: Recovered completely ☐ Partially recovered ☐ Death ☐

Reporting source

Date of the notification: Institution & Designation: Telephone:

Name & Signature of the notifying officer/General Practitioner:

(Medical Officers who attend any patient suffering from Adverse Effects Following Immunization shall notify in this form to the Medical Officer of Health the area of the patients residence)