CASE REPORT FORM	Participant ID ☐☐☐☐☐	**Visit 1** Screening & Enrollment

Date of visit (dd/mm/yyyy): ☐☐ / ☐☐ / ☐☐☐☐

Date of Informed Consent Form Signed (dd/mm/yyyy): ☐☐ / ☐☐ / ☐☐☐☐

ELIGIBILITY CRITERIA

Age 1. ☐ Yes 2. ☐ No	**Received influenza vaccine in the past 6 months** 1. ☐ Yes 2. ☐ No
Pregnant or lactating 1. ☐ Yes 2. ☐ No	**Had influenza illness in the past 6 months** 1. ☐ Yes 2. ☐ No
Receive any vaccine within 4 weeks 1. ☐ Yes 2. ☐ No	**Body temperature** 1. ☐ Normal 2. ☐ Abnormal
Plan to receive vaccine during 3 weeks 1. ☐ Yes 2. ☐ No	**Had chronic illness** 1. ☐ Yes 2. ☐ No
Pregnancy test	1. ☐ Positive 2. ☐ Negative

DEMOGRAPHICS

Date of Birth (dd/mm/yyyy)	Gender	Ethnicity
☐☐ / ☐☐ / ☐☐☐☐	1. ☐ Male 2. ☐ Female	1. ☐ Thai 2. ☐ Non-Thai

PHYSICAL EXAMINATION

Weight………………kg	Height……………………cm
Systolic BP............mmHg	Diastolic BP……………..mmHg
Pulse rate…………mmHg	Respiratory rate……………. bpm
Body temperature……………………C•	HEENT 1. ☐ Normal 2. ☐ Abnormal
Cardiovascular 1. ☐ Normal 2. ☐ Abnormal	Chest 1. ☐ Normal 2. ☐ Abnormal
Abdomen 1. ☐ Normal 2. ☐ Abnormal	Musculoskeletal 1. ☐ Normal 2. ☐ Abnormal
Neurological 1. ☐ Normal 2. ☐ Abnormal	Other body systems specify, ………….. 1. ☐ Normal 2. ☐ Abnormal

VACCINATION

Is the participant eligible to take part in this study? 1. ☐ Yes 2. ☐ No	Date of vaccination (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐
Time of vaccination (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐	Vaccination Arm 1. ☐ Left 2. ☐ Right

LABORATORY

Date of Sample collection (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐	Time of sample collection ☐☐ / ☐☐
A/H1N1 Antibody titer …………….. A/H3N2 Antibody titer……………	B/Yamagata Antibody titer………………….

SOLICITED REACTION

1. ☐ Pain	2. ☐ Readness	3. ☐ Swelling	4. ☐ Induration	5. ☐ Ecchymosis
6. ☐ Fever	7. ☐ Headache	8. ☐ Malaise	9. ☐ Shievering	