

CASE RECORD FORM	QUADRIFLU	VISIT 1 SCREENING & ENROLLMENT
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Date of Visit: _ _ / _ _ / _ _ _ _ (DD/MMM/YYYY) Date of inform consent form signed: _ _ / _ _ / _ _ _ _ (DD/MMM/YYYY)	Site - Subject No. _ _ - _ _ _ _
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DEMOGRAPHIC

Date of birth: |_|_|/|_|_|/|_|_|_|_| (DD/MMM/YYYY) Age: |_|_| Years

Sex: Male Female

PHYSICAL EXAMINATION

Body temperature: |_|_|_|_| °C Blood pressure: |_|_|_|/|_|_|

Pulse rate: |_|_|_| bpm. Respiration rate: |_|_| rpm.

Medical history: No Yes, specify _____

Blood collection testing date: |_|_|/|_|_|/|_|_|_|_| (DD/MMM/YYYY)

Normal Abnormal, specify _____

Questionnaire	YES/NO	Remark
Febrile illness (body temp ≥ 38°C)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chronic illness that might interfere with trial conduct or completion or would increase the risk of participant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Receipt any vaccine within 4 week or planned receipt of any vaccine during 3 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vaccination against influenza or history of influenza infection in the past 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	
For female: Pregnant, lactating woman or female who intends to become pregnant during 3 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inclusion criteria Yes No Initial/Date _____

ENROLLMENT

Date Enrollment: |_|_|/|_|_|/|_|_|_|_| (DD/MMM/YYYY)

Randomized in Group:

Group 1 for Quadrivalent Influenza vaccine (QIV)

Group 2 for Trivalent Influenza vaccine (TIV) Control group