CASE RECORD FORM	SITE- PATICIPANT NUMBER - □□-□□□	VISIT-□□ SCREENING & ENROLLMENT

Date of Visit (DD-MM-YYYY): □□-□□-□□□□		
Date of informed consent signed: (DD-MM-YYYY): □□-□□-□□□□		
Eligibility Criteria		
Aged 18 to 60 years on the day of inclusion	□Yes (1)	□No (2)
Pregnant or lactating	□Yes (1)	□No (2)
Receive any vaccine within 4 weeks	□Yes (1)	□No (2)
Plan to receive vaccine during 3 weeks	□Yes (1)	□No (2)
Received influenza vaccine in the past 6 months	□Yes (1)	□No (2)
Had influenza illness in the past 6 months	□Yes (1)	□No (2)
Body temperature ≥ 38.0 °C	□Yes (1)	□No (2)
Chronic illness	□Yes (1)	□No (2)
If Yes please specify	……	
Demographics		
Age: □□	Year of Birth: □□□□	Race: □Thai (1) □Non-Thai (2)
Sex: □Male (1) □Female (2) □Other (3)		
Physical Examination		
Hight: □□□ cm	Weight: □□□ Kg	Systolic/Diastolic: □□□/□□
Pulse rate: □□□ bpm	Respiratory rate: □□/ min.	Body temperature: □□.□ °C
HEENT: □Normal (1) □Abnormal, specify (2) ……..		
Cardiovascular: □Normal (1) □Abnormal, specify (2) ……		
Cardiovascular: □Normal (1) □Abnormal, specify (2) ……..		
Chest: □Normal (1) □Abnormal, specify (2) ……		
Abdomen: □Normal (1) □Abnormal, specify (2) ……..		
Musculoskeletal: □Normal (1) □Abnormal, specify (2) ……		

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Physical Examination Cont.

Neurological: □ Normal (1) □ Abnormal, specify (2) ……..

Other body systems:……

Vaccination

Is the participant eligible to take part in this study? □ Yes (1) □ No (2)

Date of Vaccination: □□-□□-□□□□	Time of vaccination: □□: □□	Vaccination Arm: □ Left arm (1) □ Right arm (2)

Laboratory

Date of Sample collection: □□-□□-□□□□	Time of sample collection: □□: □□
A/H1N1 Antibody titer	□Detected (1) □Not Detected (2) □Unclear (3)
A/H3N2 Antibody titer	□Detected (1) □Not Detected (2) □Unclear (3)
B/Yamagata Antibody titer	□Detected (1) □Not Detected (2) □Unclear (3)

Solicited Reaction

Pain	□ Yes (1) □ No (2)
Redness	□ Yes (1) □ No (2)
Swelling	□ Yes (1) □ No (2)
Induration	□ Yes (1) □ No (2)
Ecchymosis	□ Yes (1) □ No (2)
Fever	□ Yes (1) □ No (2)
Headache	□ Yes (1) □ No (2)
Malaise	□ Yes (1) □ No (2)
Shivering	□ Yes (1) □ No (2)

……

Staff's signature