

CASE REPORT FROM	SubjectID: <input type="text"/> <input type="text"/> <input type="text"/>
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Eligibility Criteria

1	AGE:	<input type="text"/> <input type="text"/>
2	Pregnant or lactating	<input type="checkbox"/> ₁ Pregnant <input type="checkbox"/> ₂ Lactating
3	Receive any vaccine within 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Plan to receive vaccine during 3 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Received influenza vaccine in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Had influenza illness in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Chronic illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Body temperature	
9	Pregnancy test	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive

Enrollment

1	Group site visit	<input type="checkbox"/> ₁ Visit 1 <input type="checkbox"/> ₂ Visit 2
2	Report within 7 days after vaccination	_____
3	Local reactions	_____
4	Systemic reactions	_____
5	Hemagglutination inhibition test	<input type="text"/> : <input type="text"/>