

Week 2 Assignment

Subject ID - Site -

Date / / (DD/MMM/YYYY)

Screening

Age years

Body temperature °C

Previous vaccination within 4 weeks _____ Yes No

Plan to receive any vaccine in next 3 weeks _____ Yes No

Influenza vaccination in the past 6 months _____ Yes No

History of Influenza infection in the past 6 months _____ Yes No

Pregnancy _____ Yes No

Lactation _____ Yes No

Chronic illness (a stage where it might interfere with trial conduct or completion or would increase the risk to the individual by participating in this study

Yes, please provide the chronic illness _____

No

Pregnancy test Positive Negative

Enrollment

1. Intervention

- Received vaccine QIV TIV
- Site of injection Right shoulder Left Shoulder
- Other site, _____

2. Concomitant medication use

- Immunosuppressive agent
 Yes, please specify with dosage _____
 No

3. Clinical findings

- Body temperature (after vaccination) °C
- Blood pressure / mmHg
- Pulse rate bpm
- Respiratory rate /min
- SpO₂ %
- Local injected reactions
 - Pain Yes No
 - Redness Yes No

- Swelling Yes No
- Induration Yes No
- Ecchymosis Yes No

4. Laboratory investigation

- Complete blood count
 - Hb . g/dL
 - WBC /mm³
 - Neutrophil %
 - Lymphocyte %
 - Platelet x10³/mm³
- Coagulogram
 - PT/control . / .
 - aPTT . / .
- Influenza antibody (hemagglutination) titer 1: