QUADRIFLU Screening Form

Subject ID ☐☐ – ☐☐☐

Study Sites
01 - Hospital A, Bangkok
02 - Hospital B, Chiang Mai

Individual ID
Ex. 001, 002, 003

Age	☐☐ Years old
Body temperature	☐☐.☐ °C
Pregnancy test	☐ Positive ☐ Negative ☐ Unperformed
lactating	☐ Yes ☐ No ☐ Unsure
Plan to Receive any vaccine within 4 weeks preceding to trial	☐ Yes ☐ No ☐ Unsure
Plan to receive vaccine during the 3 weeks following the trial	☐ Yes ☐ No ☐ Unsure
Received influenza vaccine in the past 6 months	☐ Yes ☐ No ☐ Unsure
Had influenza illness in the past 6 months	☐ Yes ☐ No ☐ Unsure
Chronic illness	Type: _____ Stage: _____ ☐ No ☐ Unsure Type: _____ Stage: _____
Screening Result	☐ Pass ☐ Not Pass: _____

Sample ID: ☐☐-☐☐☐

QUADRIFLU Enrollment Form

Subject ID ☐☐ – ☐☐☐

Study Sites: 01 - Hospital A, Bangkok; 02 - Hospital B, Chiang Mai

Individual ID: Ex. 001, 002, 003

Date of Visit ☐☐ ☐☐☐ 20☐☐

Date: Ex. 01, 31 | Month: Ex. JAN, FEB, DEC | Year: Ex. 2021, 2022

Medical History

Date of Birth	☐☐ ☐☐☐ ☐☐☐☐ (Date / Month / Year)
Biological Sex	☐ Male ☐ Female ☐ Unclear
Race	☐ Asian ☐ White ☐ Black ☐ else: _____
Weight	☐☐.☐ Kilograms
Height	☐.☐☐ Meters
Medical Conditions	☐ Yes:_____ ☐ No ☐ Unsure _____ _____

Surgical History	☐ Yes:_____ ☐ No ☐ Unsure _____ _____
Allergies	☐ Yes:_____ ☐ No ☐ Unsure _____ _____
Condition of Family History	☐ Yes:_____ ☐ No ☐ Unsure _____ _____
Lifestyle Risk Factors (Check all that apply)	☐ Smoking ☐ Alcoholic ☐ Drug Usage ☐ else_____
Chronic Medical Condition	Type: _____ Stage: _____ ☐ No ☐ Unsure Type: _____ Stage: _____

Vaccination History

Vaccine Name	Corresponding Disease	Date of Vaccination

Vital Sign

Body Temperature	_____ ☐ °C ☐ Other Unit: _____	☐ Unmeasured
Heart Rate	_____ ☐ BPM ☐ Other Unit: _____	☐ Unmeasured
Blood Pressure	_____ ☐ mmHg ☐ Other Unit: _____	☐ Unmeasured
Breathing Rate	_____ ☐ Breath Per Minute ☐ Other Unit: _____	☐ Unmeasured

Physical Examination

skin abnormalities	☐ rashes ☐ lesion ☐ none ☐ unexamined ☐ other: _____
Sign of infection or inflammation on head & neck	☐ yes ☐ no ☐ unclear ☐ unexamined

Neurological Status	☐ healthy ☐ condition: _____ ☐ unexamined
Respiratory health	☐ healthy ☐ condition: _____ ☐ unexamined
cardiovascular health	☐ healthy ☐ condition: _____ ☐ unexamined
Abdominal Tenderness or Swelling	☐ Yes ☐ No
Musculoskeletal Status	☐ healthy ☐ condition: _____ ☐ unexamined
Comment	_____ _____ _____

Eligibility Status	☐ Pass ☐ Not Pass: _____

For Officer **Sample ID:□□-□□□**

QUADRIFLU Vaccination

Vaccination Administration Detail

Vaccine Type	□ I V QIV - quadrivalent inactivated influenza vaccine TIV - trivalent inactivated influenza vaccine
Date of Vaccination	□□ □□□ 2 0 □□ Date (Ex. 01, 31) Month (Ex. JAN, FEB, DEC) Year (Ex. 2021, 2022)
Time of vaccination	□□:□□
Vaccination Position	☐ Left Arm ☐ Right Arm else: _____
Comment	_____ _____

Post Vaccinated Reaction

Reaction	
Severity	☐ Mild ☐ Moderate ☐ Severe
Treatment Given	
Outcome	
Relief	☐ Yes ☐ No ☐ Unclear

For Officer **Sample ID:☐☐-☐☐☐**

QUADRIFLU Lab-test

Laboratory Test

Date of Sample Collection	☐☐ Date (Ex. 01, 31) ☐☐☐ Month (Ex. JAN, FEB, DEC) 2 0 ☐☐ Year (Ex. 2021, 2022)
Time of Sample Collection	☐☐:☐☐
Visit	☐ Pre-vaccination ☐ Follow-up
A/H1N1 Antibody Titer	_____ ☐ Antibody Titer ☐ Other Unit: _____ ☐ Unmeasured
A/H3N2 Antibody Titer	_____ ☐ Antibody Titer ☐ Other Unit: _____ ☐ Unmeasured
B/Yamagata-lineage Antibody Titer	_____ ☐ Antibody Titer ☐ Other Unit: _____ ☐ Unmeasured
B/Victoria-lineage Antibody Titer	_____ ☐ Antibody Titer ☐ Other Unit: _____ ☐ Unmeasured
Comment	_____ _____ _____ _____