CASE REPORT FORM

Subject ID	Site No.	-	Patient Number		

I have understood the procedures, risks, and benefits pertained to this study as described by the investigator and have provided the consent to participate.

Subject's Signature: ----------

Date of signature:

D	D	M	M	M	Y	Y	Y	Y

ELIGIBILITY CRITERIA

		Yes	No
1	Pregnant or lactating		
2	Receive any vaccine within 4 weeks		
3	Plan to receive vaccine for 3 weeks		
4	Received influenza vaccine in the past 6 months		
5	Had influenza illness in the past 6 months		
6	Chronic illness		

		Positive	Negative
7	Pregnancy Test Result		

		Y	Y
8	Age (yr)		

9	Body Temperature (C)		C

VISIT-1
ENROLLMENT

Subject ID	Site No.	-	Patient Number		

Date of Enrollment: | | | | | | | | | |
D D M M M Y Y Y Y

DEMOGRAPHIC DATA

Sex: Female ☐ Male ☐

Height: ☐☐☐ cm

Weight ☐☐ Kg

VITAL SIGNS

Blood Pressure	☐☐☐ / ☐☐☐	mmHg	
Heart Rate	☐☐☐	Bpm	
Respiratory Rate	☐☐☐	Breaths/min	

Subject ID	Site No.	-	Patient Number		

PHYSICAL EXAMINATION

Code	System	Normal	*Abnormal
1	General Appearance		
2	Head & Neck		
3	Heart		
4	Lungs		
5	Abdomen		
6	Upper & Lower Limbs		

* If ***ABNORMAL*** enter the code for each condition in the following boxes and give brief description. Please use a separate line for each condition.

Code	Details

LABORATORY COLLECTION

Date of Sample Collection:									
	D	D	M	M	M	Y	Y	Y	Y

Collected Sample Type	

Laboratory Test Result (HAI titer)	

Subject ID	Site No.	-	Patient Number		

VACCINE ADMINISTRATION

Vaccinated Site	

DIARY CARD DISTRIBUTION

	Yes	No
Diary Card Distributed and Explained		