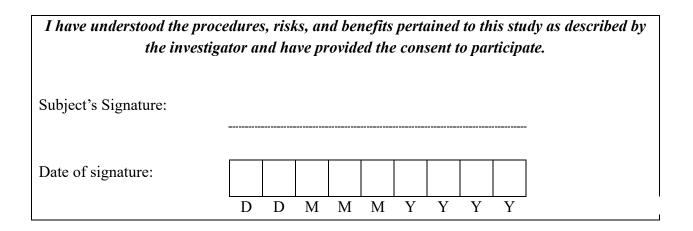
CASE REPORT FORM

Subject ID	Site No.	_	Patient Number			



ELIGIBILITY CRITERIA

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

Yes

No

Y	Y

8	Age (yr)

9	Body Temperature (C)
---	----------------------

Pregnancy Test Result

7

		С

VISIT-1 ENROLLMENT

Subject ID	Site No.	-	Patient Number			

Date of Enrollment:									
	D	D	М	М	М	Y	Y	Y	Y

DEMOGRAP	DEMOGRAPHIC DATA									
Sex:	Female	Male								
Height:		cm								
Weight		Kg								

VITAL SIGNS

Blood Pressure			/			mmHg
Heart Rate			Bpm]		
Respiratory Rate			Breath	s/min		

Subject ID	Site No.	-	Patient Number			
Swojeet IL						

PHYSICAL EXAMINATION

Code	System	Normal	*Abnormal	
1	General Appearance			
2	Head & Neck			
3	Heart			
4	Lungs			
5	Abdomen			
6	Upper & Lower Limbs			
* If <i>ABNORMAL</i> enter the code for each condition in the following boxes and give brief description. Please use a separate line for each condition.				

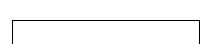
Code	Details

LABORATORY COLLECTION

Date of Sample Collection:									
	D	D	М	М	М	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

Diary Card Distributed and Explained

Yes	No