

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

Complete this form at the Months 12 and 21 Visits.

The Hepatitis A Immunization Course consists of 2 intramuscular immunizations:

- The first is administered at the Month 12 Visit. A pre-immunization serology specimen is drawn prior to the immunization.
- The second is administered at the Month 21 Visit. A pre-immunization serology specimen is drawn prior to the immunization.

A. VISIT INFORMATION

1. Visit Date:

____ / ____ / ____
DAY MONTH YEAR

2. For which visit is this form being completed? (*check one*)

18 Month 12

28 Month 21

99 Other

If OTHER,

a. Specify: _____

3. Was the participant given his/her intramuscular immunization?

Y N

If NO, a. Explain: _____

4. Was the pre-immunization serology specimen collected at this visit?

Y N

If NO, a. Explain: _____

B. PROBLEMS

1. Did the participant experience any problems during this visit?

Y N

If YES, a. Explain: _____

Complete an Adverse Event Report Form (RIT13) (*if applicable*).

Initials (first, middle, last) of person completing this form:

F M L

Date form completed:

____ / ____ / ____
DAY MONTH YEAR

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*