

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

Complete this form at the Month 12 Visit.

The Tetanus Immunization Course consists of a single intramuscular immunization at Month 12.

- 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

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).