

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

****NOTE:** Confirm that no influenza vaccination was received this flu season

Complete this form annually at the clinically appropriate month with follow-up blood draw assessing immune response at the next visit.

The Flu Immunization Course consists of a single intramuscular immunization at the appropriate month.

- 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*)

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 3 Visit 3 | <input type="checkbox"/> 11 Visit 11 | <input type="checkbox"/> 19 Visit 19 | <input type="checkbox"/> 27 Visit 27 |
| <input type="checkbox"/> 4 Visit 4 | <input type="checkbox"/> 12 Visit 12 | <input type="checkbox"/> 20 Visit 20 | <input type="checkbox"/> 28 Visit 28 |
| <input type="checkbox"/> 5 Visit 5 | <input type="checkbox"/> 13 Visit 13 | <input type="checkbox"/> 21 Visit 21 | <input type="checkbox"/> 29 Visit 29 |
| <input type="checkbox"/> 6 Visit 6 | <input type="checkbox"/> 14 Visit 14 | <input type="checkbox"/> 22 Visit 22 | <input type="checkbox"/> 30 Visit 30 |
| <input type="checkbox"/> 7 Visit 7 | <input type="checkbox"/> 15 Visit 15 | <input type="checkbox"/> 23 Visit 23 | <input type="checkbox"/> 31 Visit 31 |
| <input type="checkbox"/> 8 Visit 8 | <input type="checkbox"/> 16 Visit 16 | <input type="checkbox"/> 24 Visit 24 | <input type="checkbox"/> 99 Other |
| <input type="checkbox"/> 9 Visit 9 | <input type="checkbox"/> 17 Visit 17 | <input type="checkbox"/> 25 Visit 25 | |
| <input type="checkbox"/> 10 Visit 10 | <input type="checkbox"/> 18 Visit 18 | <input type="checkbox"/> 26 Visit 26 | |

If OTHER,

a. Specify: _____

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

Y N

If NO, a. Explain: _____

b. Date pre-immunization serology collected:

____/____/____
DAY MONTH YEAR

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

Y N

If NO, a. Explain: _____

****REMINDER:** Post-immunization serology to be drawn at next visit (4 weeks after this immunization)

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).*