

Site Number: _____

Screening ID: _____ - ____

Participant Letters: _____

****NOTE:** Confirm that the last tetanus immunization was at least 18 months prior to this visit.

Complete this form at Visit 26.

The Tetanus Immunization Course consists of a single intramuscular immunization at Visit 26.

- 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*)

☐ 26 Visit 26

☐ 99 Other

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 4 weeks after this immunization (i.e. Visit 27)

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).