

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).*