

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)

- ☐ 3 Visit 3
☐ 4 Visit 4
☐ 5 Visit 5
☐ 6 Visit 6
☐ 7 Visit 7
☐ 8 Visit 8
☐ 9 Visit 9
☐ 10 Visit 10

- ☐ 11 Visit 11
☐ 12 Visit 12
☐ 13 Visit 13
☐ 14 Visit 14
☐ 15 Visit 15
☐ 16 Visit 16
☐ 17 Visit 17
☐ 18 Visit 18

- ☐ 19 Visit 19
☐ 20 Visit 20
☐ 21 Visit 21
☐ 22 Visit 22
☐ 23 Visit 23
☐ 24 Visit 24
☐ 25 Visit 25
☐ 26 Visit 26

- ☐ 27 Visit 27
☐ 28 Visit 28
☐ 29 Visit 29
☐ 30 Visit 30
☐ 31 Visit 31
☐ 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 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).