

Vaccinations

Collection date of vaccination information:

(DD-MM-YYYY)

VACCINATIONS

Has the participant received any of the following vaccinations?

	Yes	No	Don't know
COVID-19?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholera?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diphtheria?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ebola?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HPV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malaria?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mumps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pertussis/Whooping Cough?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pneumococcal (PCV)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polio?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rotavirus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rubella?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smallpox?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tetanus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Typhoid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yellow fever?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If Other) Specify other vaccinations received:

Vaccinations - Instrument Version 2.0 Released September 2022
H3ABioNet & H3Africa Phenotype Standards