**NOT DATA ENTERED**

**Infant 06 Wk FU**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Signed Informed Consent Form on file? (circle response)  **If ‘No’ then STOP. No study procedures will be performed.** | | Yes No | |
|  | Staff Name and Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |\_\_\_||\_\_\_||\_\_\_| |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SIGN**  **(NOT ENTERED)** | **VISIT INFORMATION TO BE DATA ENTERED** | | | | |
|  | 1 | Date of visit  **(If missed visit, enter 09/09/99)** | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | | |
| 2 | Visit number | 02 = Week 06 | | |\_0\_||\_2\_| |
| 3 | Weight of the baby in **Kg** | |\_\_\_||\_\_\_|**.** |\_\_\_||\_\_\_| | | |
| 4 | Length of the baby in **Cm** | |\_\_\_||\_\_\_||\_\_\_|**.** |\_\_\_| | | |
|  | 5 | **Treatment Group Assignment?**  **(Please refer BV\_TGA)** | **A** = Rotarix + No IPV  **B** = Rotarix + with IPV boost  **C** = No Rotarix + No IPV  **D** = No Rotarix + with IPV boost | | |\_\_\_| |
|  | 6 | **Vaccinations today** | | | |
|  |  | 6a. Pentavalent Vaccine | | 1 = Yes 2 = No | |\_\_\_| |
|  | 6b. Oral Polio Vaccine (OPV) | | 1 = Yes 2 = No | |\_\_\_| |
|  |  | 6c. BCG (**only if not given previously**) | | 1 = Yes 2 = No | |\_\_\_| |
|  | 7 | **Specimens collected for this visit** | | | |
|  |  | 7a. Blood (BVC-SID-33-01) | | 1 = Yes 2 = No | |\_\_\_| |
|  |  | 7b. Clinic Visit Stool (BVC-SID-10-02) | | 1 = Yes 2 = No | |\_\_\_| |

**NOT DATA ENTERED**

|  |  |  |
| --- | --- | --- |
|  | Child Specimen Requisition Sheets completed (circle response) | Yes No |