**Infant 10 Wk FU**

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| **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 | 03 = Week 10 | |\_0\_||\_3\_| |
| 3 | Weight of the baby in **Kg** | |\_\_\_||\_\_\_|**.** |\_\_\_||\_\_\_| | |
| 4 | Length of the baby in **Cm** | |\_\_\_||\_\_\_||\_\_\_|**.** |\_\_\_| | |
|  | 5 | **Vaccinations today** | | |
|  |  | 5a. Pentavalent Vaccine | 1 = Yes 2 = No | |\_\_\_| |
|  | 5b. Oral Polio Vaccine (OPV) | 1 = Yes 2 = No | |\_\_\_| |
|  | Treatment Group Assignment  (**circle one from letter BV\_TGA**) | **A B C D** | |
|  | 5c. Rotarix (**Group A and B only**) | 1 = Yes 2 = No | |\_\_\_| |
|  | 6 | **Specimen collected for this visit** | | |
|  |  | 6a. Clinic Visit Stool (BVC-SID-10-03) | 1 = Yes 2 = No | |\_\_\_| |

**NOT DATA ENTERED**

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