

Vaccination History CRF (All individuals)				<input type="checkbox"/> No vaccine card available		
Schedule	Vaccine	Protects against	Status (tick one: if not age-eligible for a vaccine, leave blank until reaches eligibility)	If given, and date is marked on card or is known, date administered (DD/MM/YY)	Clinicians Initials	Data Entry Initials
At Birth	BCG	Tuberculosis	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	Polio 0	Polio	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
At 6 weeks	Polio 1	Polio	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	DPT + Hep B + Hib 1	Diphtheria, Tetanus, Whooping cough, Hepatitis B, Haemophilus Influenza B	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	PCV 1	Pneumococcal Pneumonia	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	Rota 1	Rotavirus Diarrhea	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
At 10 weeks	Polio 2	Polio	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	DPT + Hep B + Hib 2	Diphtheria, Tetanus, Whooping cough, Hepatitis B, Haemophilus Influenza B	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	PCV 2	Pneumococcal Pneumonia	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____
	Rota 2	Rotavirus Diarrhea	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	_ _ / _ _ / _ _		1 st Entry _____ 2 nd Entry _____

At 14 weeks	Polio 3	Polio	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
	DPT + Hep B + Hib 3	Diphtheria, Tetanus, Whooping cough, Hepatitis B, Haemophilus Influenza B	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
	PCV 3	Pneumococcal Pneumonia	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
	IPV	Polio	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
At 9 months	Measles Rubella 1 (MR 1)	Measles	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
At 18 months	Measles Rubella 2 (MR 2)	Measles	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____

Vaccination History CRF (Only individuals 10 years or older)				<input type="checkbox"/> No vaccine card available		
Schedule	Vaccine	Protects against	Status (tick one: if not age-eligible for a vaccine, leave blank until reaches eligibility)	If given, and date is marked on card or is known, date administered (DD/MM/YY)	Clinicians Initials	Data Entry Initials
At 10 years (females)	HPV	Human papillomavirus virus	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported (by guardian) as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
At 10 years (females)	HPV	Human papillomavirus virus	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported (by guardian) as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Women of child-bearing age (15-45 years) & pregnant women	Tetanus	Tetanus	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine				<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____

Dates of Data Entry (All individuals)		
Data Entry 1 (at 1st annual immunology visit) Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Data has been added to this CRF	Data Entry 2 (at 2nd annual immunology visit) Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF <input type="checkbox"/> <u>NO</u> additional data has been added to this CRF	Data Entry 3 (at 3rd annual immunology visit) Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF <input type="checkbox"/> <u>NO</u> additional data has been added to this CRF
Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF	Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF	Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF

ADDENDUM PAGE to Vaccination History CRF: COVID vaccine (All individuals)						
Schedule	Vaccine	Protects against	Status (tick one: if not age-eligible for a vaccine, leave blank until reaches eligibility)	If given, and date is marked on card or is known, date administered (DD/MM/YY)	Clinicians Initials	Data Entry Initials
Other vaccine	SARS-CoV-2	COVID-19	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine	SARS-CoV-2	COVID-19	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____
Other vaccine	SARS-CoV-2	COVID-19	<input type="checkbox"/> Given & date marked on card <input type="checkbox"/> Given & no date marked on card <input type="checkbox"/> Reported by guardian as given & no card available <input type="checkbox"/> Not given <input type="checkbox"/> Unknown <input type="checkbox"/> Ended study before scheduled	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		1 st Entry _____ 2 nd Entry _____

Dates of Data Entry to ADDENDUM PAGE (All individuals)		
Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF	Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF	Any additional data entry Date (DD/MM/YY): <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Additional data has been added to this CRF