Report obtained by:

Self

Parent

Physician

Record Review

Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table for Vaccination Records

| Vaccine | Did patient receive this vaccine? | Hospitalized? |
| --- | --- | --- |
| Routine: Measles, mumps, rubella | Yes  No  Unknown  Not Asked | Yes, specify:  No |
| Routine: Tetanus, pertussis, diptheria, polio | Yes  No  Unknown  Not Asked | Yes, specify:  No |
| Hepatitis B | Yes  No  Unknown  Not Asked | Yes, specify:  No |
| Haemophilus Influenza Type B | Yes  No  Unknown  Not Asked | Yes, specify:  No |
| Chicken Pox Vaccine | Yes  No  Natural infection, specify age: yrs  Unknown  Not Asked | Yes, specify:  No |

### General Instructions

This CRF can be completed by self-report with or without verification by a clinician or from clinical records.

### Specific Instructions

*Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.*

* Vaccinations – Record from vaccination record where possible. For vaccines which require more than one immunization, yes refers to completion of all immunizations required for participant/subject’s current age.