REPUBLIC OF REGANDA

AEFI Reporting ID Number:K-HUM-1188

REPORTING FORM FOR ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)

***Patient name: Martha Chidawayo** ***Patient's full Address:** **72 Acacia Avenue, Karoomana, Chandra district** **Karoom** **Telephone: +049346 22 1100** **Sex:** ☐ M ☒ F ***Date of birth (DD/MM/YYYY): 14 / 06 / 2008** *OR Age Group:* ☐ *< 1 Year* ☐ *1 to 5 Years* ☐ *> 5 Years*	***Reporter's Name: Sarita Priya** **Institution / Designation, Department & address:** **Chandra Medical Centre** **Katchija Road 12** **1202 Karoom** **RegandaTelephone & e-mail:** **+049346 54 4568** **Date: 05/04/2012 Signature: Sarita**

Name of health facility (or vaccination centre):

*Name of Vaccines Received	*Date of vaccination	*Time of vaccination	Dose (e. g. 1st, 2nd, etc.)	*Batch/ Lot number	Expiry date
Oovivax MMR vaccine	4.4.2012	11:00		U-5773	Oct 2011
Easydil	4.4.2012	11:00		SR-2781	Apr 2012

***Adverse event (s):**

☐ Local reaction ☐ *>3 days* ☒ *beyond nearest joint*
☐ Fever≥38° C
☒ Seizures ☒ *febrile* ☐ *afebrile*
☐ Abscess
☐ Sepsis
☐ Toxic shock syndrome
☐ Thrombocytopenia
☐ Anaphylaxis
☐ Other (specify).....

Date & Time AEFI started (DD/MM/YYYY)**:**
05 / 04 / 2012 . 05 Hr 00 Min

Was the patient hospitalized? ☒Yes ☐No

Date event was notified to health system (DD/MM/YYYY):
06 / 04 / 2012

Describe AEFI (Signs and symptoms):

***Outcome:**
☐ Recovering ☒ Recovered ☐ Recovered with sequelae ☐ Not Recovered ☐ Unknown
☐ Died If died, date of death (DD/MM/YYYY): ☐☐ / ☐☐ / ☐☐☐☐ Autopsy done: ☐Yes ☐No ☐Unknown

Past medical history (including history of similar reaction or other allergies), concomitant medication and other relevant information (e.g. other cases)**.** *No previous medical history and no previous reactions to vaccination.*

First Decision making level to complete:

Investigation needed: ☒ Yes ☐ No — If yes, date investigation planned (DD/MM/YYYY): 12 / 04 / 2012

National level to complete:

Date report received at national level (DD/MM/YYYY): ☐☐ / ☐☐ / ☐☐☐☐	AEFI worldwide unique ID **:**
Comments:	

**Compulsory field*