AEFI Reporting	ID Number:Y-FRE-5661

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*Patient name: Herman Colpern				*Reporter's Name: Dr Christian Marquise				
*Patient's full Address: 18 Komodo Lane				Institution / Designation, Department & address:				
Kyogo region, Elmand district Freeport				Freeport 4 Immunisation Centre Chonolo				
Telephone: +049346 66 83347				Telephone & e-mail:				
Sex: M F				+049346 68 73337				
*Date of birth (DD/MM/YYYY): 03 / 06 / 2009				Date: 04/04/2012 Signature: Marquise				
OR Age Group:								
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		
MMR Klinigen	03/04/2012	11:00			T-7104	August 2012		
Easydil	03/04/2012	11:00			SR-2781	April 2013		

*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)			Describe AEFI (Signs and symptoms): Very high fever persisted for 3 days with vomiting and diarrhoea – headaches and blurred vision persisting for 2 days. At the time of the report, the boy was much improved, and his parents asked for him to be discharged, but he still had some headache.					
Date & Time AEFI started (DD/MM/YYYY): 04 / 04 / 2012 . 11 Hr 00 Min								
Was the patient hospitalized? \(\sum Yes \) \(\sum No \) Date event was notified to health system (DD/MM/YYYY): 05 / 04 / 2012								
*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). Has had attacks of 'sickness', due to food-poisoning/infection within the last month. Repeated respiratory infections and tonsillitis since the age of 6 months old. Under-weight for age.								
First Decision making level to complete:								
Investigation needed: Yes No If yes, date investigation planned (DD/MM/YYYY): 10 / 04 / 2012								
National level to complete:								
Date report received at national level (DD/MM/YYYY):			AEFI worldwide unique ID:					
Comments:								

^{*}Compulsory field