

• **EVENT DETAILS :-**

Adverse event(s) (tick at least one):

- Severe local reaction Seizures Transient hyperthermia
 >3 days febrile
 Beyond nearest joint afebrile
- Abscess Sepsis Encephalopathy Toxic Shock Syndrome Thrombocytopenia
 Anaphylaxis Intussusceptions Redness, Pain at the site of injection Fever $\geq 38^{\circ}\text{C}$
 Hypotonic hypo-responsive episode (HHE) Induration Headache Vomiting
 Sudden Unexplained death syndrome Pruritus Erythema at the site of injection Skin rashes
 Other (Specify).....

Date & Time AEFI started (DD/MM/YYYY): ___/___/____ Hr. Min

Describe AEFI (signs and symptoms):

Seriousness (Yes/NO):- If Yes Death Life threatening Disability Hospitalization Congenital Anomaly
 Other

Important medical event (Specify _____)

***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 dates of administration (exclude those used to treat reaction), other relevant information :
