

POST MARKETING SURVEILLANCE RECORD

Name of person M.R. /HCP/Govt. Depot/Distributor/Stockiest: Mr. _____

State _____ Date of Submission _____ Period covered _____ to _____

Date , Doctor Name and Area visited	Conclusion			Sign
	Feedback taken on following Vaccine (Tick)	Overall Safety Evaluation	ADR/AEFI Reported	
	(Typhoid Polysaccharide Vaccine) BIO TYPH™	Yes/No/NA	Yes/No/NA	
	(Typhoid Vi Conjugate vaccine) PEDA TYPH™	Yes/No/NA	Yes/No/NA	
	(Meningococcal polysaccharide Vaccine (Group A & C)) BI MENINGO™	Yes/No/NA	Yes/No/NA	
	(Meningococcal Polysaccharide Vaccine (Group A,C,Y & W 135)) QUADRI MENINGO™	Yes/No/NA	Yes/No/NA	
	Rabies Vaccine Human SURE RAB™	Yes/No/NA	Yes/No/NA	
	(Haemophilus type B conjugate vaccine) PEDA HIB™	Yes/No/NA	Yes/No/NA	

For OVERALL SAFETY EVALUATION:

Tick (✓) Yes – Mark (✓) on Yes if any event /side effect not reported from vaccine.

No - Mark (✓) on No if any event /side effect reported from vaccine & go through the AEFI Reporting form BM/PV/ANX/001B.

NA - Mark (✓) on NA if the concerned vaccine is not sold in that area.

For ADR/AEFI REPORTED:

Tick (✓) Yes – Mark (✓) on Yes if any event /side effect reported from vaccine & go through the AEFI Reporting form BM/PV/ANX/001B.

No - Mark (✓) on No if no any event /side effect reported from vaccine.

NA - Mark (✓) on NA if the concerned vaccine is not sold in that area.

Remarks: _____

Reviewed by Pharmacovigilance Personnel (Sign/Date):