Compound	Protocol	V////8888////
V503	002-00	3558

Vaccination Report Card

(9 - 15 Years of Age)

Only the PARENT or GUARDIAN of the subject should complete this vaccination report card. Corrections to the vaccination report card by the parent or guardian should be dated and initialed by the parent or guardian.

The STUDY NURSE will enter the dates where needed.

	Complete this card for 15 days after vaccination (until
L	and return the card to the study site when it is complete.
	Study Personnel Telephone Number:
Parent	t or Guardian's Comments:
Study	Site Personnel Comments:

			• • • • • • • • • • • • • • • • • • • •
- 1	Compound	Protocol	V////8998////
1	V503	002-00	11/45/4
- 1	V 303	002-00	

TEMPERATURE MEASUREMENT

It is important that you take your child's temperature every day starting with the day of vaccination through Day 5.

Take your child's temperature orally and record this temperature in the appropriate box below.

Take your child's temperature in the evening whenever possible. If you need to take your child's temperature more than once during a day, record the highest temperature taken that day.

TAKE ORAL TEMPERATURE EACH DAY					
DAY	DATE (month/day/year)	ORAL TEMPERATURE			
1	28 (SEE OF LOS)				
2					
3					
4					
5					

I have reviewed this information.

Staff's initials:

ate:

INSTRUCTIONS FOR INJECTION SITE REACTIONS:

On the following pages entitled "Injection Site Reactions", please measure any **swelling** or **redness** AT THE INJECTION SITE.

Estimate the **size** of the reaction at its <u>largest</u> from edge to edge. Use the <u>ruler marks</u> along the bottom of the page.

Mark the box that best describes the size of the reaction:

1 if the greatest width is anywhere in the area marked 1 (Example A)

2 if the greatest width is anywhere in the area marked 2

3 if the greatest width is anywhere in the area marked 3 (Example B)

Over 3 if the greatest width is in any area marked with a number over 3.

Write in the number. (Example C)

If the reaction is wider than the area marked 7, write in 8.

On the following pages entitled "Injection Site Reactions", please estimate the severity of any pain or tenderness or other reactions AT THE INJECTION SITE.

Mark the box that best describes the severity of the reaction using the following definitions:

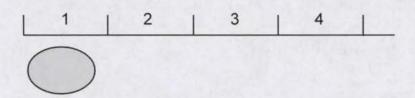
mild is awareness of symptom, but easily tolerated moderate is definitely acting like something is wrong severe is extremely distressed or unable to do usual activities

Complete one column each day, starting with Day 1 (the day of vaccination - 4 hours after injection). If the reaction continues past Day 5, please write in the last date it was present.

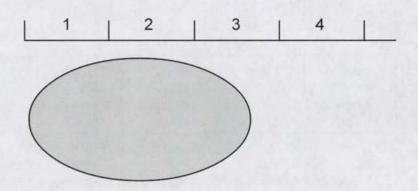
If an injection site reaction begins after Day 5, please estimate the severity of the reaction in the box at the bottom of the pages entitled "Injection Site Reactions".

EXAMPLES FOR MEASURING THE SIZE OF REACTIONS:

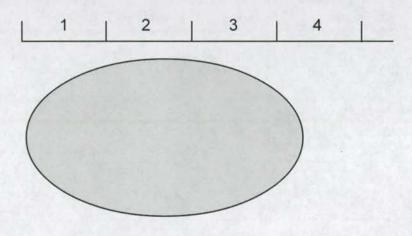
Example A: This reaction falls in the area marked 1 at its largest, so you would check the box marked "1".



Example B: This reaction falls in the area marked 3 at its largest, so you would check the box marked "3".



Example C: This reaction falls in the area marked 4 at its largest, so you would check the box marked "Over 3" and write in a 4.



Compound	Protocol	V////898////
V503	002-00	1966

Complete one c below.	opy of this page	per injection site	e. Indicate the in	jection site for th	is page by check	king one box
Injection Site (d	check one per p	age): Right	Arm 🗆 Le	ft Arm R	ight Thigh I	☐ Left Thigh
MARKET LA		☐ Other				
	DAY 1 Vaccination Day	DAY 2	DAY 3	DAY 4	DAY 5	LAST DATE REACTION PRESENT
	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year	
SWELLING	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	month/day/year
REDNESS	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	month/day/year
PAIN or TENDERNESS	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	month/day/year
OTHER INJECTION SITE REACTION (specify):	□ None □ Mild □ Moderate □ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	□ None □ Mild □ Moderate □ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	month/day/year
OTHER INJECTION SITE REACTION (specify):	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	month/day/year
	ed and the last				please record it	
INJECTIO	N SITE REACT	IONS	DATE (mont	h/day/year)		
BEGINI	NING 6 OR MOI TER VACCINA	RE	Started	Last Present	SEVE	RITY
					□ mild □ mod	derate 🗆 severe
					□ mild □ mod	derate 🗆 severe
	2	3				

Compound	Protocol		Allocation Number
V503	002-00	XIIIIIIIII	

OTHER COMPLAINTS OR ILLNESSES

Record any other complaints or illnesses which developed or worsened during the 15 days after vaccination.

Record the date it started and the last date it was present.

Mark the box that best describes the severity of the complaint using the following definitions:

mild is awareness of symptom, but easily tolerated

moderate is definitely acting like something is wrong

severe is extremely distressed or unable to do usual activities

Do not record injection site complaints on this page. Those complaints are recorded on the previous page in the table entitled "Injection Site Reactions".

List each complaint or illness separately.

If during the 15 days after vaccination	your child die	d not have any	other complaints	or illnesses
check the box here: None				

OTHER COMPLAINTS	DATE (me	onth/day/year)	
OR ILLNESSES	Started	Last Present	SEVERITY
Ely Employee			☐ mild ☐ moderate ☐ severe
		100000000000000000000000000000000000000	☐ mild ☐ moderate ☐ severe
		THE PERSON	☐ mild ☐ moderate ☐ severe
			☐ mild ☐ moderate ☐ severe
		Margaret .	☐ mild ☐ moderate ☐ severe
		STATE OF THE PARTY OF	☐ mild ☐ moderate ☐ severe
The state of the s		100	☐ mild ☐ moderate ☐ severe
		- Maria	☐ mild ☐ moderate ☐ severe
			☐ mild ☐ moderate ☐ severe
	1/10/11/19		☐ mild ☐ moderate ☐ severe
		The State of	☐ mild ☐ moderate ☐ severe
	THE TANK		☐ mild ☐ moderate ☐ severe
		A STATE OF THE STA	☐ mild ☐ moderate ☐ severe
			☐ mild ☐ moderate ☐ severe
			☐ mild ☐ moderate ☐ severe
THE STATE OF THE S		The state of	☐ mild ☐ moderate ☐ severe
	Print 1	CONTRACTOR IN	☐ mild ☐ moderate ☐ severe

Please list any Day 1	th	n or over t nrough Da		nter medication		takes starting from illd's injection.
LIST THE NAME MEDICATIO		DATE MEDICAT STARTE (month/day	ION ED	DATE MEDICATION LAST TAKEN (month/day/year)	THE	ON FOR TAKING MEDICATION
No. and Service					4 1 1 1	
-173						
HATTAR		NA.			Part No.	
				6-1917		electric A
		No. 12				
		NON-	STUDY	VACCINATIO	ONS	
Record any va tudy vaccine			d durir	ng the 15 days	s after your	child received the
LIST /ACCINATION			SITE OF	VACCINATIO	N	DATE RECEIVED (month/day/yea
	☐ Right Arm	☐ Left Arm	☐ Right T	high 🗆 Left Thigh	Other	
	☐ Right Arm	☐ Left Am	☐ Right T		Other	
	☐ Right Arm	LJ Left Arm	☐ Right T	high Left Thigh	Other	

ind	Protocol	V////8988////	Allocation Number
3	002.00		
3	002-00	V/////////////////////////////////////	

Adult Vaccination Report Card

Only the SUBJECT should complete this vaccination report card. Corrections to the vaccination report card by the subject should be dated and initialed by the subject.

The STUDY NURSE will enter the dates where needed.

Compound	Protocol	V////8949////
V503	002-00	

TEMPERATURE MEASUREMENT

It is important that you take your temperature every day for 5 days starting with the day of vaccination.

Take your temperature orally and record this temperature in the appropriate box below.

Take your temperature in the evening whenever possible. If you need to take your temperature more than once during a day, record the highest temperature taken that day.

TAKE ORAL TEMPERATURE EACH DAY					
DAY	DATE (month/day/year)	ORALTEMPERATURE			
1					
2					
3					
4					
5					

I have reviewed this information.

Staff's initials

Date:

INSTRUCTIONS FOR INJECTION SITE REACTIONS:

On the following pages entitled "Injection Site Reactions", please measure any **swelling** or **redness** AT THE INJECTION SITE.

Estimate the **size** of the reaction at its <u>largest</u> from edge to edge. Use the <u>ruler marks</u> along the bottom of the page.

Mark the box that best describes the size of the reaction:

- 1 if the greatest width is anywhere in the area marked 1 (Example A)
- 2 if the greatest width is anywhere in the area marked 2
- 3 if the greatest width is anywhere in the area marked 3 (Example B)
- Over 3 if the greatest width is in any area marked with a number over 3.

Write in the number. (Example C)

If the reaction is wider than the area marked 7, write in 8.

On the following pages entitled "Injection Site Reactions", please estimate the severity of any pain or tenderness or other reactions AT THE INJECTION SITE.

Mark the box that best describes the severity of the reaction using the following definitions:

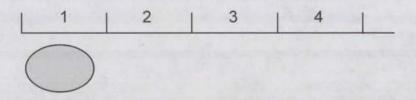
mild is awareness of symptom, but easily tolerated *moderate* is discomfort enough to cause interference with usual activities *severe* is incapacitating with inability to work or do usual activity

Complete one column each day, starting with Day 1 (the day of vaccination - 4 hours after injection). If the reaction continues past Day 5, please write in the last date it was present.

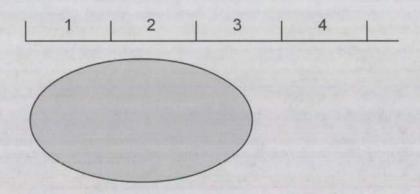
If an injection site reaction begins after Day 5, please estimate the severity of the reaction in the box at the bottom of the pages entitled "Injection Site Reaction".

EXAMPLES FOR MEASURING THE SIZE OF REACTIONS:

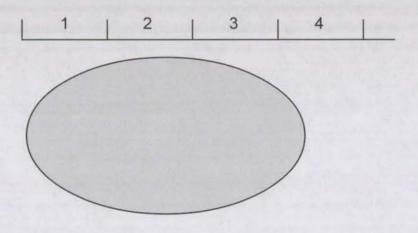
Example A: This reaction falls in the area marked 1 at its largest, so you would check the box marked "1".



Example B: This reaction falls in the area marked 3 at its largest, so you would check the box marked "3".



Example C: This reaction falls in the area marked 4 at its largest, so you would check the box marked "Over 3" and write in a 4.



Compound	Protocol	V////8848////
V503	002-00	

Allocation Number	er

Complete one co	opy of this page	0.000	ANTEN LAS ANT	injection site for the	nis page by check	ing one box
Injection Site (c	heck one per pa	age): ☐ Right ☐ Right		eft Arm	Other	
	DAY 1 Vaccination Day	DAY 2	DAY 3	DAY 4	DAY 5	LAST DATE REACTION PRESENT
	month/day/year	month/day/year	month/day/year	month/day/year	month/day/year	8165601
SWELLING	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	month/day/year
REDNESS	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3: _	□ None □ 1 □ 2 □ 3 □ over 3:	□ None □ 1 □ 2 □ 3 □ over 3:	month/day/year
or TENDERNESS	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	□ None □ Mild □ Moderat □ Severe	□ None □ Mild e □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	month/day/year
OTHER INJECTION SITE REACTION (specify):	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	□ None □ Mild □ Moderat □ Severe	□ None □ Mild e □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	month/day/year
OTHER INJECTION SITE REACTION (specify):	☐ None ☐ Mild ☐ Moderate ☐ Severe	☐ None ☐ Mild ☐ Moderate ☐ Severe	□ None □ Mild □ Moderat □ Severe	□ None □ Mild e □ Moderate □ Severe	□ None □ Mild □ Moderate □ Severe	month/day/year
				vaccination, pleas ox that best desc		
BEGINN	I SITE REACTI ING 6 OR MOR TER VACCINAT	RE	DATE (mon	th/day/year) Last Present	SEVE	ERITY
PARTITION		THE PARTY	757-1		☐ mild ☐ mode	erate severe
N Park			Tue'l		□ mild □ mode	
	2	3	4	5		7 8

Compound	Protocol	(//////////////////////////////////////
V503	002-00	

OTHER COMPLAINTS OR ILLNESSES

Record any other complaints or illnesses which developed or worsened during the 15 days after vaccination.

Record the date it started and the last date it was present.

Mark the box that best describes the severity of the complaint using the following definitions:

mild is awareness of symptom, but easily tolerated

moderate is discomfort enough to cause interference with usual activities

severe is incapacitating with inability to work or do usual activity

Do not record injection site complaints on this page. Those complaints are recorded on the previous page in the table entitled "Injection Site Reactions".

List each complaint or illness separately.

If during the 15 days after vaccination you did not have any other complaints or illnesses check the box here:

None

OTHER COMPLAINTS	DATE (month/day/year)				
OR ILLNESSES	Started	Last Present	SEVERITY		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
		The second	□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
The state of the s			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
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			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		
			□ mild □ moderate □ severe		

		you take starting from fter your injection.	
cription or over the through Day 1	counter medications 5 at		
through Day 1	5 at		
DATE			
MEDICATION STARTED (month/day/ye	LASTTAKEN	REASON FOR TAKING THE MEDICATION	
administered durin	TE OF VACCINATION Arm Thigh		
2222	Sadministered during SIT Right Arm	Right Thigh	