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| Reporting form for adverse events following immunization (AEFI) | | | | | | | |
| Patient name：患者姓名  Telephone：电话  Sex：性别 □M男 □ F 女  Weight（kg）：体重 Race：种族  Date of birth：出生日期（DD/MM/YYYY） / / /  Or age:年龄 | | | | Reporter’s Name：报告者姓名  Occupation：职业 □ doctor医生 □ nurse 护士□ pharmacists药剂师 □ other其他  Institution, Department / address：机构、部门/地址  Telephone：电话  E-mail： 邮件  Signature：签名 | | | |
| Relevant important information：相关重要性息  □History of smoking吸烟史 □ History of drinking喝酒史 □ pregnancy妊娠期□ History of liver disease肝病史 □History of kidney disease肾病史 □ History of allergy过敏史 □ Other其他 | | | | | | | |
| Suspected medication/ combined medication (if exist)  怀疑药品/并用药品（如有） | | Date of injection/ medication  注射/用药日期 | Dose剂量  (e.g. 1st, 3ml) | Batch/Lot number  生产批号 | Expiry date  有效期 | Manufacturer  生产厂家 | License number  批准文号 |
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| Adverse event(s)：不良反应事件  Date / Time AE started（DD/MM/YYYY）：  时间日期 / / □ Hour小时 □ Minute分钟  Was the patient hospitalized? 病人是否住院？ □ Yes 是 □ No 否  If Yes, Hospital departments:如是，医院名称： Case ID病例编号：  Date patient notified event to health system 患者向卫生系统上报该事件的日期(DD/MM/YYYY) : / / / | | | | | Describe AE（signs，symptoms and time course) and treatment e.g. relevant diagnostic tests/laboratory date, if any. 描述AE（体征、症状和时间过程）和治疗，如相关的诊断测试/实验室日期，如有：  Use one additional sheet if necessary（可附页） | | |
| Outcome不良事件的结果：  □Recovering好转 □Recovered痊愈 □ Not recovered 未好转 □Unknown不详 □ Recovered with sequelae有后遗症  it is：□ Died  if died, direct cause of death 如死亡, 死亡的直接原因： 。  date of death死亡日期：(DD/MM/YYYY） / / /  Autopsy done是否行尸检: □ Yes是 □ No 否 □ Unknown不详 | | | | | | | |
| Past disease history and medication history(including history of similar reaction or other adverse reaction and family history of adverse reaction e.g. Allergic reaction) 既往病史和用药史（包括类似反应或其他不良反应的历史和不良反应的家族史，如过敏反应）  □ Yes 是□ No 否 □ Unknown不详  If Yes, what they were.如果是，是什么  Use additional sheet if needed.（可附页） | | | | | | | |
| Influence on past disease of patient对原患疾病的影响:  □ Not clear 不明显 □ Duration extended病程延长 □ Sicker病情加重 □ Sequelae导致后遗症 □Died 死亡 | | | | | | | |
| Causality assessment关联性评价 | Reporters' comments报告者评价：  □ Certain肯定 □ Very likely很可能 □ Possible可能 □ Unrelated可能无关 □ Unclassifiable无法评价  Signature签名: | | | | | | |
| Notes/comments备注 |  | | | | | | |