

RESOURCE FROM:

**IMPLEMENTING HPV VACCINATION PROGRAMS:  
PRACTICAL EXPERIENCE FROM PATH**

PUBLICATION TITLE

AEFI Reporting Form

PUBLISHER

PATH

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This document is available online at:

[www.rho.org/HPV-vaccine-implementation.htm](http://www.rho.org/HPV-vaccine-implementation.htm)

## AEFI REPORTING FORM

### 1. Demographic detail

Name of the child: \_\_\_\_\_ Number: \_\_\_\_\_

Date of birth (age) : \_\_\_\_\_ Sex: \_\_\_\_\_ Ethnic: \_\_\_\_\_

Name of mother/father: \_\_\_\_\_

Address : Village \_\_\_\_\_ Commune : \_\_\_\_\_

District \_\_\_\_\_ Province: \_\_\_\_\_

### 2. Vaccine(s) given this time

Vaccine	Dose number	Rout	Site	Health worker name	Time/date immunized	Time/date AEFI started

### 3. Information about vaccine

Vaccine	Manufacturer	Lot number	Expiry date

**4. Describe event.**

.....  
.....  
.....  
.....

**5. Past medical history (including history of similar reaction or other allergies) and any other relevant information (e.g. other cases):**

.....  
.....  
.....

**6. Current status**

Recovered: Yes / No / ?

Hospitalized: Yes / No / ?

Died: Yes / No / ?

Sequellae: Yes / No / ?

Other (mention in detail):

Reporter :

Date:

Health facility: