	ΑI	EFI ca	atego	ry (e	ncircl	e): <b>D</b>	eath	hosp	italiz	zed/c	lust	er/dis	sabili	ity/o	thers	s(spe	ecify)										
State	•											Ca	se II	D	IND (	AEF	I)/	St	ate co	de /Dis	trict cod	de /Ye	ar /Seri	al No.			
Distr	ict																										
Bloc	k																										Ì
Name	e of d	rug ir	nspe	ctor/	DIO:				1				1				Da	te of	fillin	g LF	F:						
Desig	gnatic	n:															Мо	bile	No.:								
Land	line (	with S	STD	code	e):												Fax	x No	.:								
Case name																ı											
Date						D	D	D M M Y Y				Υ	Y Y Age (in					months)				Sex Ma					
Com	olete	addre	ess c	of the	cas	e wi	th Iai	ndma	rks	(Stre	et na	ame,	hous	e nu	mbei	, villa	age, k	olock	, Teh	sil, P	IN No	)., Te	lepho	ne No	o. etc	.)	T
P	i	n	_							Р	h																
							0	8.4	1//			O Y	n Y	е			oto c	of on	cot	0		8.4	84	V	γ	γ	
Date of vaccination										,	Y Y Date of onset D D M M Y Y							,	,								
Date	or va				i							<u>I</u>		1							ı	l					
Date speci	of co men	llection			of sa	<sub>D</sub>	es:	М	M	Υ	Υ	Υ	Υ		Tim	e of	colle sp	ctio ecin		Н	Н	М	М	a.l	m.	p.	m.
Date speci . Pre	of co men cise	llection description	ripti	on o		mpl cim	es: ens:		e tr	ansı	port of ma	ed ir	n rev				sp hain	ecin				l lanu	M factu late		T	p.	
Date speci	of co men cise	llection description	ripti	on o	spe	mpl cim	es: ens:		e tr	ansı	port of ma	ed ir	n rev				sp hain	ecin	nen			l lanu	l factu		T		
Date speci	of co men cise vacci Mentici ine/d	desc desc cine/o	dilue	on cents	spentity s	mpl cime sent	es: ens:	(to b	e tr Na	ansime continue (in B	port of ma LOCI	ed in	n revacturers)	syr	e co	ld c	sp hain	) Bato	ch No	).	M	lanu c	factu late	ring	Exp	biry d	ato
Date speci	of co men cise vacc Mentic ine/d	desc desc cine/o	dilue	on cents	spe atity s	mpl cime sent	es: ens:	(to b	e tr Na	ansp me c (in B	port of ma	ed in	n revacturers)	syr	e co	ld c	sp hain	) Bato	nen	).	M	lanu c	l factu	ring	Exp		at
Date speci	of comen cise vaccifenticiine/d	desc desc cine/o	dilue	on cents	spentity s	mpl cime sent	es: ens:	(to b	e tr Na	ansp me c (in B	port of ma	ed irranufa	n revacturers)	syr	e co	ld c	sp hain	) Bato	ch No	).	M	lanu c	factu late	ring	Exp	biry d	at

Name of AEFI Case:			Case	טאו ט	(AEFI)/									
2. Test requested:														
3. Preliminary clinical diagnosis (working hypotheses) of district AEFI committee:														
4. Name & complete address of officials to whom laboratory results should be sent:														
Send to	Comp	lete address	<b>S</b>	P	hone/fax	K	Mobile		email II	<b>D</b>				
State drug controller														
State cold chain officer														
State EPI Officer														
District immunization officer (DIO)														
Others (specify)														
	To be complet	ted by lab	official	s afte	receiv	ina the	specim	en						
Date of receipt of specim			D	D	M	М	γ	γ	Υ	Υ				
Name of person receivin	g specimen(s) at	laboratory							<u></u>	1				
Condition of specimen(s)	(	Good*			Poor		Unknown							
Comments by pathologis	st, virologist or bac	cteriologist:			L									
Date specimen(s) results	D	D	М	М	Υ	Υ	Υ	Υ						
Name of laboratory profe	essional													
Signature														
Landline No.:		Fax No.:				em	nail ID:							

<sup>\*</sup> Criteria for "good" condition: Samples sent as per AEFI guidelines.