

Serious AEFI Case Notification Form – ADR Monitoring Center*

ICSR No. _____															Reporting Format No.																	
Name & address of ADR Monitoring center (AMC):																																
Patient Name																																
Age: _____										Sex: Male/Female																						
Father/Husband's Name																																
Complete Address of the Case with landmarks (<i>Street name, house number, village, block, Tehsil, PIN No., Telephone No. etc.</i>)																																
P I N - _____															P H O N E - _____																	
Date of Vaccination: __/__/____															Address of health facility where vaccinated (include name of village/urban area, block, DISTRICT and STATE)#:																	
Name of vaccines with dose received (if known)																																
Date of first symptom										D	D	M	M	Y	Y	Y	Y	Time of first symptom										H	H	M	M	(AM/PM)
Hospitalization:(No/ Yes) Date-										D	D	M	M	Y	Y	Y	Y	Time of hospitalization										H	H	M	M	(AM/PM)
Name and address of hospital (if hospitalized):															CR No./MRD No _____																	
Current status (encircle)															Death / Still Hospitalized / Recovered & Discharged with sequelae /Recovered completely and discharged / Left Against Medical Advice (LAMA) / Not hospitalized																	
If died, Date of Death										D	D	M	M	Y	Y	Y	Y	Time of Death										H	H	M	M	(AM/PM)
Describe AEFI (signs and symptoms):																																
Name & signature of AMC Coordinator/ Medical officer:																																
Email:																																
Contact No.																																
*Date form sent to District Immunization Officer# (where patient was vaccinated)- __/__/____																																
*Date form sent to State Immunization Officer# (where patient was vaccinated)- __/__/____																																
*Date form sent to PVPI, Ghaziabad- __/__/____																																
*Date form sent to Immunization Division / AEFI Secretariat (aefindia@gmail.com)- __/__/____																																
Name & signature of Pharmacovigilance Associate:																																
E mail:																																
Contact number:																																

#The case is to be notified to the DIO of the district where the vaccine was administered.

***This form should be scanned and emailed simultaneously to DIO, SEPIO, PVPI and AEFI Secretariat.**