

Serious¹ non-GBS² Adverse Event Case Report



Note: This form is for serious¹, non-GBS² adverse event cases after administration of pandemic (H1N1) influenza vaccine

CDPH ID: AE - _____
 (For CDPH Use Only)

¹ A serious event is defined as one in which one of the following outcomes is reported: death, life threatening illness, hospitalization ≥24 hours, prolongation of a hospitalization, permanent disability, congenital anomalies, or other medically important conditions.
² Guillain-Barre Syndrome (please contact GBSReport@cdph.ca.gov for information regarding reporting of GBS cases).

PATIENT INFORMATION

Last Name: _____ First Name: _____
 Age: _____ DOB: ____ / ____ / ____ Occupation: _____
 Address: _____
 City: _____ Zip: _____ County: _____
 Home #: () Work #: () Cell #: ()

↓ Click box to select

Sex: Female Male Unknown
 Ethnicity: Non-Hispanic Hispanic Unknown
 Race: White Black Unk
 Asian Alaskan Native/Native Am. Other, *specify*: _____
 Pacific Islander

PHYSICIAN INFORMATION (Required Information)

Reporting Physician Date CRF Submitted: ____ / ____ / ____
 Name: _____ Healthcare Facility: _____
 Work #: () Fax #: () E-mail: _____
If available: VAERS ID#: _____ Date VAERS Submitted: ____ / ____ / ____

Primary Care Physician/Pediatrician (if different)
 Name: _____ Healthcare Facility: _____
 Work #: () Fax #: () E-mail: _____

Did this patient receive a dose(s) of pandemic (H1N1) vaccine within 30 days prior to the onset of adverse event?
 Yes – Continue filling out form with patient information.
 No – filling out form. Patient is not eligible for reporting.
 Unknown – Determine vaccine history of patient.

VACCINATION HISTORY

Pandemic (H1N1) Influenza Vaccine Information

	Date received	Brand / Lot #	Type (Select one)	Location where received vaccine:
Dose #1	____ / ____ / ____	_____	<input type="checkbox"/> LAIV <input type="checkbox"/> Inactivated	_____
Dose #2	____ / ____ / ____	_____	<input type="checkbox"/> LAIV <input type="checkbox"/> Inactivated	_____

Was the patient vaccinated with any other vaccines (seasonal influenza or non-influenza) within 6 weeks prior to the onset of adverse event symptoms? Yes No Unknown

If 'Yes', *specify* (Vaccine, Date, Location received): _____

