

**Please help us know how you are doing (and get you out of here quickly) by filling in the following:**

Name: \_\_\_\_\_ Today's date: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date of vaccination: \_\_\_/\_\_\_/\_\_\_

Are you having any symptoms?

\_\_\_ No; OR

\_\_\_ Yes; if yes, specify: 1=mild 2=moderate 3=severe

\_\_\_ fever \_\_\_ muscle/joint aches \_\_\_ headache

\_\_\_ fatigue \_\_\_ itching at site \_\_\_ pain at site

\_\_\_ rash at site other than vaccination site

\_\_\_ other (Specify: \_\_\_\_\_)

Have you missed work or other activities because of your symptoms? \_\_\_\_\_

**Reminders:**

- 1. Fill in your diary daily. We need it returned to us on day 21.**
- 2. Women: avoid pregnancy for 28 days after vaccination.**
- 3. Follow your site care directions each and every day.**
- 4. Wash your hands. Wash your hands. Wash your hands after touching vaccination site or anything that has been in contact with your site.**

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Clinic staff use only:

Site Check:

Circle: papule vesicle pustule ulcer crust scar no findings

Size in inches (estimate diameter): \_\_\_ erythema \_\_\_ edema

Unusual findings:

\_\_\_ no unusual findings; OR

\_\_\_ specify: \_\_\_\_\_

Take certification? \_\_\_\_\_ (Note: take must be determined on day 6-8.)

Dressing change (circle)? Yes No

Vaccine Safety Monitor: \_\_\_\_\_ date: \_\_\_/\_\_\_/\_\_\_

(Follow-up notes on reverse)