STRICTLY CONFIDENTIAL **Form 3**

VACCINATION STATUS-CONFIRMED MENINGOCOCCAL SEROGROUP C DISEASE

Responsible Centre: Centre for Infections, Health Protection Agency
Immunisation Department, 61 Colindale Avenue, London NW9 5EQ
Tel: 020 8327 7570 Fax: 020 8327 7404

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Patient Details

Surname: ..... Forename: .....

Reflab no Z M | | | | | | | | | D.O.B.: (dd/mm/yy) ...../...../.....

Date of Admission: (dd/mm/yy) ...../...../.....

PART A: Vaccination History

Did patient receive *Meningitec*, *Menjugate or Neissvac* (Meningococcal C conjugate vaccine) **before onset** of disease?

Yes	No	Not known
❒	❒	❒

If **YES**, go to (i), if **NO**, go to (ii)

(i) Why was *Meningitec*/*Menjugate* given?

Routine ❒ Vaccine Trial ❒ Outbreak ❒

Other ❒ If other, please specify .....

	(dd/mm/yy)	Batch no	Manufacturer
1st dose:	...../...../.....	.....	.....
2nd dose:	...../...../.....	.....	.....
3rd dose:	...../...../.....	.....	.....
4th dose:	...../...../.....	.....	.....

Please complete Part B

(ii) If **NO**, why not:

Not yet scheduled	❒	Refused vaccine	❒
Contraindicated/Postponed	❒	Please specify reason	
Other	❒	Please specify reason	
Not Known	❒		

PART B: Follow-up of vaccinated individuals

For individuals who received conjugate vaccine prior to onset of disease, please complete supplementary details regarding hospital admission, if known.

Hospital Number ……

Hospital of admission ……

Hospital Address ……

……

Responsible Clinician ……

Completed by: ..... Contact Number: ..... Date: ...../...../.....

Please return with enclosed pre-paid label or fax to Gerrie Forde on the above number.