

Appendix 44. Individual notification form for AEFI with measles vaccine (2025)

Download '[Individual notification form for AEFI with measles vaccine](#)' (PDF document)

Province : _____ Patient's last name: _____
 District : _____ Patient's first name : _____
 Health facility/site : _____ Address and contact (tel, mail) : _____
If hospital, indicate the unit/ward: _____
 Name of notifying person: _____
 Date of notification : _____

Information on immunisation

Vaccination card: Yes No (if no, indicate the source of information):

Place vaccine administered (village, vaccination site):

Date and time vaccine administered:

Route of administration: SC IM

Injection site: Arm Thigh Other (*specify*) :

Dose (1st, 2nd, etc.) :

	Manufacturer	Batch number	Expiry date
Vaccine			
Diluent			

Total number of vaccinated children (*same day, same place*):

Adverse events following immunization

Date and time of onset of adverse event:

History of allergy: No Yes (*specify*):

Time interval between vaccine administration and onset of reaction:

Type of reaction (*specify*):

- Fever: No Yes (*specify T°*) :
- Skin eruption: No Yes (*indicate location*):
- Local reaction at injection site: No Yes (*specify : pain, redness, infection, other*):
- Swelling, oedema: No Yes (*indicate location*):
- *Other (specify: anaphylactic reaction, neurologic events, etc.):*

Management and outcome

Treatment received (*drugs and doses*):

Hospitalisation : No Yes (*indicate duration*):

Outcome : Fully recovered Sequelae (*specify*) :
 Death (*date and cause*): Lost to follow-up
 Other (*specify*):

AEFI considered serious^a No Yes

^a A serious AEFI is any adverse event that: results in death or is life-threatening, requires hospitalisation or prolongation of existing hospitalisation, results in persistent or significant disability/incapacity or is a congenital anomaly/birth defect.