## POST MARKETING SURVEILLANCE RECORD

**Name of Executive: Mr._____State _____Date of Submission _____Period covered _____to_____**

| Date , Doctor Name , Vaccine and Area visited | Conclusion | | Sign |
|---|---|---|---|
| | Feedback taken on following Vaccine (Tick) | Overall Safety Evaluation | |
| | (Typhoid Polysaccharide Vaccine) Bio Typh™ | Yes/No/NA | |
| | (Typhoid Vi Conjugate vaccine) PedaTyph™ | Yes/No/NA | |
| | (Meningococcal polysaccharide Vaccine (Group A & C) Bi Meningo™ | Yes/No/NA | |
| | (Meningococcal Polysaccharide Vaccine (Group A,C,Y & W 135) QuadriMeningo™ | Yes/No/NA | |
| | (Botulinum Toxin Type A for injection, Purified neurotoxin | Yes/No/NA | |

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|---|---|---|---|
| | complex)Botogenie™ | | |
| | Rabies Vaccine Human SURE RAB™ | Yes/No/NA | |

Tick (√) Yes – Mark (√) on yes if any event /side effect reported from vaccine & go through the AEFI Reporting form BM/PV/ANX/001B

No - Mark (√) on No if no any event /side effect reported from vaccine .

NA - Mark (√) on NA if the concerned vaccine is not sold in that area.

Remarks: _____

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| Medical representative (Sign/Date): | Reviewed by Pharmacovigilance Personnel (Sign/Date): |