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	

	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):