POST MARKETING SURVEILLANCE RECORD

Name of person M.R. /HCP/Govt. Depot/Distributor/Stockiest: Mr._____

State_____ Date of Submission _____Period covered _____to_____

Date , Doctor Name and Area visited	Conclusion			Sign
	Feedback taken on following Vaccine (Tick)	Overall Safety Evaluation	ADR/AEFI Reported	
	(Typhoid Polysaccharide Vaccine) **BIO TYPH™**	Yes/No/NA	Yes/No/NA	
	(Typhoid Vi Conjugate vaccine) **PEDA TYPH™**	Yes/No/NA	Yes/No/NA	
	(Meningococcal polysaccharide Vaccine (Group A & C) **BI MENINGO™**	Yes/No/NA	Yes/No/NA	
	(Meningococcal Polysaccharide Vaccine (Group A,C,Y & W 135) **QUADRI MENINGO™**	Yes/No/NA	Yes/No/NA	
	Rabies Vaccine Human **SURE RAB™**	Yes/No/NA	Yes/No/NA	
	(Haemophilus type B conjugate vaccine) **PEDA HIB™**	Yes/No/NA	Yes/No/NA	

For OVERALL SAFETY EVALUATION:

Tick (√) Yes – Mark (√) on Yes if any event /side effect not reported from vaccine.

No - Mark (√) on No if any event /side effect reported from vaccine & go through the AEFI Reporting form BM/PV/ANX/001B.

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

For ADR/AEFI REPORTED:

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):