

Patient's Name \_\_\_\_\_

Patient's Date of Birth \_\_\_/\_\_\_/\_\_\_

**ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs)  
INVASIVE PNEUMOCOCCAL DISEASE IN CHILDREN**

*Revised 10/24/2003*

StateID: \_\_\_\_\_

Date of positive culture \_\_\_/\_\_\_/\_\_\_

Date form completed \_\_\_/\_\_\_/\_\_\_

**- VACCINE HISTORY -**

Child has never received vaccines

Vaccination history unknown

VACCINES	Dose #	Dates of immunizations	Manufacturer	Vaccine name	Lot #
Pneumococcal conjugate vaccine (Pevnar®)	1				
	2				
	3				
	4				
Pneumococcal polysaccharide vaccine	1				
	2				
Diphtheria/Tetanus/Pertussis (DTP or DtaP)	1				
	2				
	3				
	4				
	5				
<i>Haemophilus influenzae</i> type B (Hib)	1				
	2				
	3				
	4				
Influenza vaccine	1				
	2				
	3				

\*For combination vaccines (e.g. Trihibit, Tetramune, ActHIB/DTwP) enter information for each vaccine component

**- IMMUNE SYSTEM EVALUATION -**

Does this patient have an immune disorder other than HIV or AIDS?     Yes    No     Unknown

If yes, diagnosis \_\_\_\_\_

If yes, indicate below results for any tests performed to evaluate immune function:

<b>Tests</b>	<b>Test Date</b>	<b>Result</b>			
IgGtotal.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgG1.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgG2.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgG3.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgG4.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgM.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
IgA.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
C3.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
C4.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
CH50.....	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
Other (specify _____)	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done
Other (specify _____)	___/___/___	<input type="checkbox"/> Low	<input type="checkbox"/> Normal	<input type="checkbox"/> High	<input type="checkbox"/> Not done

Person completing the form (please print):      Phone: (    ) \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Please return \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
 form to: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
 \_\_\_\_\_