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 (Prevnar®)	1				
	2				
	3				
	4				
Pneumococcal polysaccharide vaccine	1				
	2				
Diphtheria/Tetanus/ Pertussis (DTP or DtaP)	1				
	2				
	3				
	4				
	5				
Haemophilus influenza 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:

Tests	**Test Date**	**Result**			
IgGtotal	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgG1	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgG2	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgG3	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgG4	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgM	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
IgA	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
C3	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
C4	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
CH50	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
Other (specify_____)	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done
Other (specify_____)	___/___/_____	☐ Low	☐ Normal	☐ High	☐ Not done

Person completing the form (please print): Phone: ( )_____
Name _____Title _____ Fax: ( )_____

Please return _____ Phone: ( )_____
form to: _____ Fax: ( )_____
_____