

Patient's Name _____

Patient's Date of Birth ____/____/____

- Patient identifier information is not transmitted to CDC -

**2017 ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) INVASIVE
PNEUMOCOCCAL DISEASE IN CHILDREN (aged ≥2 months to <5 years)**



Form Approved
OMB No. 0920-0978

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 Prevnar13® (PCV13) | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |
| Pneumococcal polysaccharide vaccine Pnuemovax®23 (PPSV23) | 1 | | | | |
| | 2 | | | | |
| Diphtheria/Tetanus/ Pertussis (DTP or DTaP) | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| Haemophilus influenzae type B (Hib) | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |

Data sources used for vaccination history:

Was health care provider information available from the following sources?

Medical Chart: Yes No Did Not Check

Vaccine Registry: Yes No Did Not Check

Parent/Guardian: Yes No Did Not Check Refused

If yes to any sources,
How many providers were contacted? ____

What sources were used for vaccination history?

Medical Chart: Yes No Did Not Check

Vaccine Registry: Yes No Did Not Check

Primary Care Provider: Yes No Did Not Check

Other Provider: Yes No Did Not Check

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

Person completing the form (please print):

Name _____ Title _____

Please return form to: _____

Phone: () _____

Fax: () _____

Phone: () _____

Fax: () _____

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to CDC, CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA(0920-0978). Do not send the completed form to this address.