

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

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

- Patient identifier information is not transmitted to CDC -

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



OMB No. 0920-0978

State ID: \_\_\_\_\_ 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 <b>Prevnar13® (PCV13)</b>	1				
	2				
	3				
	4				
	5				
	6				
Pneumococcal polysaccharide vaccine <b>Pnuemovax®23 (PPSV23)</b>	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.