|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Information | Name | |  | | | | Gender | | | |  | | |
| Date of Birth/Age | |  | | | | Region of vaccination facility | | | |  | | |
| Email | |  | | | | Guardian (if any) | | | |  | | |
| Other | |  | | | | | | | | | | |
| Vaccination Information  (fill in the order of the most suspicious vaccine) | Rabies Vaccine（Human diploid cell）for Human Use，Freeze-dried □  （Lot Number： Shelf Life： ）  Group ACYW135 Meningococcal Polysaccharide Vaccine □  （Lot Number： Shelf Life： ） | | | | | | | | | | | | |
| Date of Vaccination  （mm/dd/yyyy） | | Inoculation times | | Inoculation Dosage | | | Inoculation Route | | Inoculation  Sites | | | Remarks |
|  | |  | |  | | |  | |  | | |  |
| Whether there are other concomitant vaccines or drugs ? No□ Yes□ | | | | | | | | | | | | |
| Description of concomitant medication (including drug generic name, manufacturer, lot number, usage and dosage, and time of medication) | | | | | | | | | | | | |
| Adverse Event Information | （Reasons for patient vaccination, vaccination institution, vaccination time, vaccination usage and dosage, vaccination dose, occurrence time of adverse reactions, symptoms and signs of adverse reactions, clinical test results, treatment time of adverse reactions, treatment measures of adverse reactions, outcome of adverse reactions, etc.） | | | | | | | | | | | | |
| Reporter Information | Name |  | | Occupation | |  | | | Email | | |  | |