

### Line list for suspected AESI

Source e.g. Private or Public sector				
Province				
District				
AESI reporting ID				
Patient Name and Surname				
ID number				
Date of Birth (YYYY/MM/DD)				
Sex (M/F)				
AESI				
Date of onset (DOO)				
Date of Notification (DON)				
Date of Reporting (DOR)				
Manifestation				
Outcome				
Autopsy conducted in case of death (Y/N/NA)				
Vaccine Generic Name				
Vaccine Brand Name				
Vaccine Manufacturer				
Vaccine Batch No				
Diluent Batch No				
Dose				
Date of Vaccination (DOV)				
Reported by				
AESI Confirmation initiated (Y/N)?				
Field investigation planned? (Y/N)				