



MTN 016 (168)

IVL-1 (301)

Note: Number pages sequentially (001, 002, 003) for each participant.

Page

Participant ID

- - -
 Site Number Participant Number Chk Cohort

Infant Vaccination Log

1.	Vaccination Code <input type="text"/> <input type="text"/> If 99, specify: _____	Date Administered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	Staff Initials/Log Entry Date
	Dose/Units	Route PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
2.	Vaccination Code <input type="text"/> <input type="text"/> If 99, specify: _____	Date Administered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	Staff Initials/Log Entry Date
	Dose/Units	Route PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
3.	Vaccination Code <input type="text"/> <input type="text"/> If 99, specify: _____	Date Administered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	Staff Initials/Log Entry Date
	Dose/Units	Route PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
4.	Vaccination Code <input type="text"/> <input type="text"/> If 99, specify: _____	Date Administered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	Staff Initials/Log Entry Date
	Dose/Units	Route PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	
5.	Vaccination Code <input type="text"/> <input type="text"/> If 99, specify: _____	Date Administered <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy	Staff Initials/Log Entry Date
	Dose/Units	Route PO IM IHL other, specify: Mark only one. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	

Infant Vaccination Log (IVL-1)

Purpose: This form is used to document vaccinations administered to infants. Only vaccinations are recorded on this form. All other medications must be documented on the Infant Concomitant Medications Log.

General Information/Instructions: Fax this form to SCHARP DataFax each time it is modified or updated.

Item-specific Instructions:

- **Page:** Number the pages sequentially starting with page 001.
- **Vaccination Code:** Record the vaccination code from the MTN-016 Infant Vaccination Code List, Study-Specific Procedures (SSP) Manual, Section 13. If the vaccination is not listed, record “99” for the vaccination code and specify the vaccine in the line provided.
- **Date Administered:** At minimum, a month and year are required.
- **Staff Initials/Log Entry Date:** Record the staff initials and date of the staff member who records the date administered.
- **Dose/Units:** If the dose or units is unknown, draw a single line through the blank response boxes and initial and date.
- **Route:** Below is a list of common route abbreviations:

PO oral	IM intramuscular	IHL inhaled
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