

4. Child's weight

- A. Measurement #1 WEIGHT1 . kg (1) N/D WEIGHTND
- B. Measurement #2 WEIGHT2 . kg
- C. Measurement #3 WEIGHT3 . kg
 (If #1 and #2 differ by more than 0.2 kg)

Average weight = WEIGHT

5. Child's head circumference

- A. Measurement #1 HEADC1 . cm (1) N/D HEADCND
- B. Measurement #2 HEADC2 . cm
- C. Measurement #3 HEADC3 . cm
 (If #1 and #2 differ by more than 0.4 cm)

Average head circumference = HEADC

D. Rate hair style interference on child's head circumference

- None (1) HAIR
- Some (2)
- Not noted (3)

6. Number of reportable events and/or hospitalizations since last completed study visit?

N_EVTS

(1) N/A V_EVTSNA

If any, complete Form 50, Reportable Event and/or Hospitalization.

7. Since last visit?

- | | | | | |
|---|-----|-----|-----|---------|
| | Yes | No | N/A | |
| A. Fever more than 101.5 degrees F. (38.4 degrees C.) | (1) | (2) | (3) | FEVER31 |
| B. Any vaccinations since last visit? | (1) | (2) | (3) | VACCINE |

If yes, update Vaccination Record and Immunology Specimen Collection - Form 42.

ID Number	Visit	Seq
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/>

8. Routine treatments since last visit? Yes No N/A
- A. Did the child take their night-time dose of twice daily prophylactic penicillin last night? (1) (2)* (3) **PENCILN**
- *1. If no, did the child take another antibiotic? (1)[†] (2) **ANANTBTC**
- †a. Specify: _____ **ANANT_SP**
- B. How many doses of twice daily prophylactic penicillin or similar antibiotic were missed in the last week? **PENDOSE** (1) **PENNA**
9. For 3-month, 9-month, 15-month or 21-month visit, has Form 33 been completed? Yes No N/A **WHCHVIS**
- (1) (2) (3)

PART III: STUDY TREATMENT REVIEW AND BLOOD SPECIMEN COLLECTION

1. Retrieve study treatment from last visit
- A. Record Rx # **RECORDRX** Not Returned (1) Lost (2) **RXNORET**
- B. Approximately how much volume **VOLLFT** cc N/A (1) **VOLNA**
- C. Any irregular treatment administration since last visit? Yes No (1) (2) **IRRTRT**

If **YES**, complete Form 66 (Study Treatment Dosing Irregularity)

2. Were blood specimens collected for this visit? (1) (2) **BLOODCOL**

If **NO**, answer 2A.
 If **YES**, Skip to 2B.

- A. Reason blood specimens not collected today.
1. Difficulty with blood drawing (1) (2) **DIFBLDDW**
2. Patient/Family refusal (1) (2) **PATRFUSL**
3. Other (1)* (2) **OTHNOBLD**

OTHBLDSP

*a. Specify: _____

Skip to PART IV.

ID Number Visit - Seq

2. B. Routine study visit blood collection

1. Hematology (required)

(0.5 ml EDTA lavender-top)

HBF31

HBF31ND

(1) N/D (2) NA

2. Biochemistry (check child's schedule)

(1.0 ml red top)

BIOCHEM

(1) N/D (2) N/A

BIOCHND

3. A.

Is there any reason you would NOT recommend study treatment to this child today?	(1) Tx OK	(2) Not OK
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TXOK

B. 1. If **Tx OK**, dispense study treatment

and record bottle number

TXBOTNO

2. Daily dose

a.

. mg

TXDDOSMG

b.

. ml

TXDDOSML

3. Volume dispensed

cc

VOLDISP

C. If **NOT OK**, or treatment not dispensed for other reason, check here to confirm that study treatment was not dispensed

(1)

TXNOTOK

PART IV: COORDINATION

1. Checked for completeness and accuracy:

A. Certification number:

-

CERT_NO

B. Signature: _____

CERT_SIG

C. General Comments:

GEN_CMNT

2. Individual who prescribed or withheld study treatment

-

SCERT_NO

ID Number

Visit

Seq