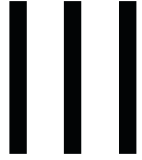


No postage stamp required  
if posted in Australia



**Reply Paid 61  
The Secretary, ADRAC  
Australian Drug Evaluation Committee  
PO Box 100  
Woden ACT 2606**

Fold here → ↓ ← Fold here

Sender's Name and Address

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Postcode

**Use of Personal Information:**

Full details of Immunisation Schedule vaccine events may be provided to State or Territory health departments. Identities of all other reporters, patients and institutions will remain **CONFIDENTIAL**.

*Moisten gum and fold. For maximum adhesion, press down for a few seconds.*

865(9908)



# Report of Suspected Adverse Reaction to Drugs and Vaccines

(See reverse for statement about use of personal information)

**Patient** (Initials or Record No. only)

Date of Birth:    /    /

Sex: M / F    Weight: \_\_ \_kg

**Adverse Reaction Description:**

Date of Onset of Reaction:    /    /

All Drug Therapy /Vaccines Prior to Reaction (please use trade names)	Daily Dosage (Dose No for vaccines, e.g. 1st DTP etc)	Date Begun	Date Stopped	Reason for Use

**Treatment** (of reaction) :

**Outcome:** Recovered     Date of Recovery:    /    /    Not Yet Recovered

Unknown     Fatal     Date of Death:    /    /

**Sequelae:**    No  Yes  (describe)

**Severity:**    Life threatening     Hospitalised     Required a visit to Doctor

**Comments** (eg. relevant history, allergies, previous exposure to this drug):

**Reporting Doctor, Pharmacist, etc:**

Name: \_\_\_\_\_ Postcode \_ \_ \_ \_

Address:

Signature \_\_\_\_\_ / /