Please complete the following sections for the case identified above. Confidentiality of information will be assured.

**CASE DEFINITION FOR ACUTE FLACCID PARALYSIS**

Acute onset of focal weakness or paralysis characterised as flaccid (reduced tone) without other obvious cause (e.g., trauma) in children less than 15 years old. Transient weakness (e.g., post-ictal weakness) should not be reported.

**SECTION 1 – DEMOGRAPHIC INFORMATION**

1.1 Date of birth: ____ / ____ / ________

DD MM YYYY

1.2 Sex: Male ___ Female ___

**SECTION 2 – RELEVANT MEDICAL HISTORY**

2.1 Is the child immunocompromised? Yes ___ No ___ Unknown ___

If yes, briefly state condition(s): __________________________________________________________

2.2 Does child have any abnormal neurological history? Yes ___ No ___ Unknown ___

If yes, briefly state condition(s): __________________________________________________________

**SECTION 3 – IMMUNIZATION AND TRAVEL HISTORY** (Approximate dates should be given only if exact dates are unknown.)

3.1 Has child received oral polio vaccine (OPV) within 30 days prior to onset of the current illness?

Yes ___ No ___ Unknown ___

3.2 Has child received any other immunization(s) within 30 days prior to onset of the current illness?

Yes ___ No ___ Unknown ___

If yes, provide details of vaccination:

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose number in series</th>
<th>Date of vaccination (DD/MM/YYYY)</th>
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