Sanofi Pasteur MSD
Pregnancy
Registry

Gardasil®
Human Papillomavirus Vaccine [types 6, 11, 16, 18]
(Recombinant adsorbed)

CHILD FOLLOW-UP QUESTIONNAIRE

REPORTER INFORMATION – ***Please tick the appropriate box and complete the information***

Patient ☐	**HCP* Name**	**HCP* Address**	**HCP* Phone**	**HCP* Fax**
HCP* ☐ *Specify Specialty* Pediatrician ☐ General Practitioner ☐ Other ☐ *Specify:* ……				

** HCP: HealthCare Professional*

PATIENT INFORMATION

Name (2 first letters) |__| |__| **First name** ……

Date of birth |__| |__| |__| |__| |__| |__| |__| |__|
d d m m y y y y

CHILD INFORMATION

Date of birth |__| |__| |__| |__| |__| |__| |__| |__|
d d m m y y y y

Initials |__| - |__| |__|
1st name letter - 1st and 2nd name letters

Gender: Male ☐ Female ☐

HEALTH CONDITIONS – CHILD'S DEVELOPMENT

Since birth, has the child been diagnosed with any congenital abnormality, anomaly or congenital malformation?

Yes ☐ No ☐

If yes, please specify: ……..……

Please provide in attachment all relevant medical paediatric records.

Form completed by: …….. **Date: ___/___/___** **Signature: ……..**

SPMSD Use Only **Received on:** …… **ARISg number:** ……..…… **WAES number:** ……

**Please return this form to Sanofi Pasteur MSD, Pharmacovigilance department, Pregnancy Registry,
8, rue Jonas Salk - 69367 LYON Cedex 07 – FRANCE or fax to 0805.858.848**

Sanofi Pasteur MSD S.N.C. Capital 60,000,000.00 EUROS with its registered office 8 rue Jonas Salk 69007 Lyon FRANCE ; Commercial Registrar in Lyon (France) : Number of registration : 392 032 934 RCS Lyon