

	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Site Number</div>		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> <div style="text-align: center;">Subject Number</div>				
	Protocol						

Vaccination History		
1 Baseline Visit		
1.1	Has the subject had any vaccinations within the 6 months prior to study entry?	<input type="radio"/> Yes <input type="radio"/> No
		<b>CMOCCUR</b>
2 Subsequent Visits		
2.1	Has the subject had any vaccinations during the study?	<input type="radio"/> Yes <input type="radio"/> No
		<b>CMYN</b>
3 Vaccination Details		
3.1	Concomitant Medication Category	
		<b>CMCAT</b>
3.2	What vaccination did the subject receive?	
		<b>CMTRT</b>
3.3	Start Date (DD-MMM-YYYY)	
		<b>CMSTDAT</b>