TAMPEREEN YLIOPISTO

LÄÄKETIETEEN YKSIKKÖ

ROKOTETUTKIMUSKESKUS

UNIVERSITY OF TAMPERE

SCHOOL OF MEDICINE

VACCINE RESEARCH CENTER

Health questionnaire for children who participated in rotavirus vaccine trial in 2001- 2004

Child's name: _____ **Date of birth:** _____

Does your child have any of the diseases listed below: (tick the correct answer)

	NO	**YES**	Date of diagnosis
Diabetes	☐	☐	_____
Celiac disease	☐	☐	_____
Thyroiditis	☐	☐	_____
Colitis	☐	☐	_____
Chron's disease	☐	☐	_____
Reumathoid arthritis	☐	☐	_____
Any other autoimmune disease?	☐	☐	_____(What?)

If your child has any of the diseases listed above, we kindly ask you to fulfill the additional information query on page 2 We also ask for your permission to seek for patient information of your child's potential disease from the heath care unit we she/he has been treated for the disease.

Please remember to sign the questionnaire (page 2).

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Additional information of the potential disease?.

In which heath care unit /hospital the disease was initially diagnosed or your child has been treated for the disease?: _____

Short non-formal description of the disease (symptoms, medication, etc):

_____

_____

_____

_____

I give permission to ask for additional information regarding the disease described above, from the health care unit/hospital mentioned above:

YES ☐ NO ☐ (tick the correct answer)

I give my permission to use all the information collected of my child's health for research purpose:

Date: _____

Place: _____

Signature of legal guardian: _____

Printed name of legal guardian: _____