**NVP Infant Prophylaxis 2 week Adjustment Form**

Tshilo Dikotla EDC Form

 *(Only needed if randomized to NVP or if answered “YES” to Question #1 “Was NVP infant prophylaxis administered to the infant after delivery?” on Infant NVP Dispensing Form)*

*(Should show up under Infant 1 mo PPV)*

1. Was it necessary to adjust the infant’s dose of NVP prophylaxis at 2 weeks of life?

□ Yes □ No

(If ‘no’, please skip to Question #3)

1. If “yes”, please enter the dose adjusted by weight at 2 weeks of life \_\_\_\_\_\_\_\_\_\_ mL
2. Since discharge from the hospital has the infant taken NVP prophylaxis daily for 4 weeks? □ Yes □ No
3. If “no” please explain why not.

Comment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_