

Name: _____

Date: _____

Directions: Answer the following with the choices you made up to this point.

A. Company Name:

B. Vaccine Name:

- i. **Vaccine Type** (circle one): mRNA Adenovirus
- ii. **Dosage:**
- iii. **Effectiveness:**
- iv. **Minimum Age:**
- v. **Common Side Effects (name TWO):**
- vi. **Duration of Protection:**

C. Type of Preclinical Trials Performed (circle one): Cell and Tissue Culture Animal

Signature

x _____