

Rabies Exposure Data Collection Sheet

Date/time of exposure:

___/___/_____ :___ AM
 PM

Location where exposure occurred:

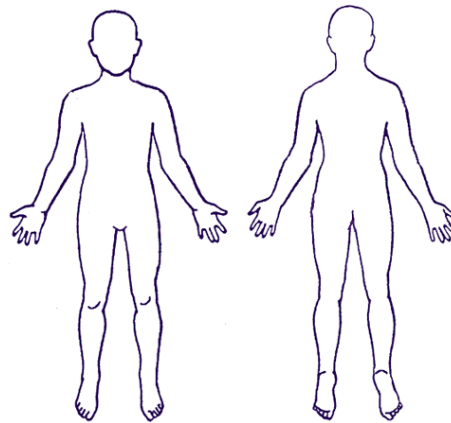
_____ county _____ state

Rabies endemic county?
(circle one)

Yes **No**

Patient Demographics	
Age:	_____
Gender:	<input type="checkbox"/> female <input type="checkbox"/> male
Race/ethnicity:	_____
Past rabies vaccination?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date of last tetanus:	___/___/_____
Tetanus vaccine needed?	<input type="checkbox"/> yes <input type="checkbox"/> no

Location of wound:



Type of exposure:

- bite
- scratch
- mucous membrane exposure
- bat in the house

Circumstances surrounding the exposure:

- provoked
- unprovoked

Species of animal involved:
(circle a category)

Type of wound: (circle one)
puncture scratch deep tissue

High Risk
bats
skunks
raccoons
foxes
other carnivores

Intermediate Risk
domestic pets
dogs
cats

Low Risk
rabbits
hares
picas
rodents
livestock

Apparent health/behavior of animal: normal abnormal

Animal current rabies vaccination? not applicable; wild animal yes no unknown

Animal quarantined? yes no **Animal referred for rabies testing?** yes no

Animal escaped from rightful owner? yes no