Rabies Exposure Data Collection Sheet

Date/time of exposure: __/__/_______ ___:___ □ AM □ PM

Patient Demographics

Age: ______
Gender: □ female □ male
Race/ethnicity: __________________
Past rabies vaccination? □ yes □ no
Date of last tetanus: ___/___/_______
Tetanus vaccine needed? □ yes □ no

Location where exposure occurred: ___________ _________
  county                state
Rabies endemic county? (circle one)
  Yes  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)

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Intermediate Risk</th>
<th>Low Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>bats</td>
<td>domestic pets</td>
<td>rabbits</td>
</tr>
<tr>
<td>skunks</td>
<td>dogs</td>
<td>hares</td>
</tr>
<tr>
<td>raccoons</td>
<td>cats</td>
<td>picas</td>
</tr>
<tr>
<td>foxes</td>
<td></td>
<td>rodents</td>
</tr>
<tr>
<td>other carnivores</td>
<td></td>
<td>livestock</td>
</tr>
</tbody>
</table>

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