

REPORT OF ANIMAL BITE - POTENTIAL RABIES EXPOSURE <i>(Please read Privacy Act Statement on back before completing this form.)</i>						SEQUENCE NUMBER
1. FROM <i>(Medical Treatment Facility)</i>		2. THRU <i>(Deputy Commander for Veterinary Services)</i>		3. TO <i>(Chief, Preventive Medicine)</i>		
PART I - ANIMAL BITE HISTORY <i>(To be completed by Emergency Room Interviewer)</i>						
4. DESCRIPTION OF ANIMAL					5. TIME OF ATTACK	
a. TYPE <i>(Dog, cat, etc.)</i>	b. BREED	c. SIZE	d. COLOR	e. SEX	a. DATE	b. HOUR
6. PRESENT LOCATION OF ANIMAL OR GEOGRAPHIC ADDRESS WHERE ATTACKED				<input type="checkbox"/> ON POST	<input type="checkbox"/> OFF POST	
7. CIRCUMSTANCES LEADING TO BITE/SCRATCH INCIDENT						
8. APPARENT HEALTH OF ANIMAL <i>(Unusual Behavior)</i>						
9. OWNER						
a. NAME <i>(Last, First, Middle Initial)</i>		b. STATUS <i>(X one)</i>		c. PHONE NUMBER <i>(Include Area Code)</i>		d. ADDRESS <i>(Street, City, State, Zip Code)</i>
		MILITARY				
		CIVILIAN				
10. RABIES VACCINATION						
a. VACCINATION STATUS OF ANIMAL		b. YEAR ANIMAL VACCINATED		c. TYPE VACCINE <i>(If known)</i>		
11. PREPARED BY						
a. NAME <i>(Last, First, Middle Initial)</i>			b. TITLE			
c. SIGNATURE			d. DEPARTMENT/SERVICE/CLINIC		e. DATE PREPARED	
PART II - MANAGEMENT OF ANIMAL BITE CASE <i>(To be completed by Medical Officer (Information from SF 600))</i>						
12. DESCRIPTION OF INJURY AND LOCATION ON THE BODY						
13. DIAGNOSIS <i>(Injury) (X, as applicable)</i>				14. RABIES RISK ESTIMATE <i>(X one)</i>		
<input type="checkbox"/> ANIMAL BITE		<input type="checkbox"/> CLAW WOUND		<input type="checkbox"/> MINIMAL		<input type="checkbox"/> MODERATE
		<input type="checkbox"/> OTHER				<input type="checkbox"/> HIGH RISK
15. INITIAL TREATMENT GIVEN			16. RECOMMENDED FURTHER PROPHYLACTIC TREATMENT			
a. TIME		b. DATE		a. NONE		
c. DEEP FLUSHING AND CLEANSING WITH SOAP AND WATER				b. *HUMAN RABIES IMMUNE GLOBULIN		
d. TETANUS TOXOID <i>(List dose given)</i>				c. HUMAN DIPLOID CELL RABIES VACCINE		
e. OTHER <i>(Specify)</i>				d. COUNSELED ON DF2 HAZARD		
				e. OTHER <i>(Specify)</i>		
				<i>*Need to consult Rabies Board prior to treatment</i>		
17. PATIENT'S IDENTIFICATION <i>(ID impression, if available.)</i> <i>(For typed or written entries give name (Last, First, Middle Initial); pay grade; SSN; unit; phone; date; hospital or medical facility.)</i>				18. PHYSICIAN		
				a. NAME <i>(Last, First, Middle Initial)</i>		
				b. SIGNATURE		
				19. a. DISCUSSED WITH AREA VETERINARIAN <i>(X one)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
				b. NAME OF VETERINARIAN <i>(Last, First, Middle Initial)</i>		
				20. VERBAL REPORT TO		(1) NAME
				a. VETERINARIAN		(2) PHONE NO.
				b. POLICE		
				c. OTHER		

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, United States Code, Sections 3013, 5013, and 8013.
PRINCIPAL PURPOSE(s): Used by medical authorities to record the history, examination, and treatment of a person who has possibly been exposed to rabies; and to record the follow-up medical care provided to the individual who was either bitten or scratched. Used by veterinarians to locate the animal, record examination, observations, and disposition results, and possible laboratory findings for the animal.
ROUTINE USE(S): Information will be used as a basis for documenting the proper treatment and care of individuals who have potentially been exposed to rabies. The information will be used to locate the animal, and record the vaccination and physical status of the involved animal. The information may also be used to: aid in preventive health and communicable disease control programs; report medical conditions required by law to Federal, state and local agencies; compile statistical data; conduct research; teach; assist in law enforcement, to include investigation and litigation; and to evaluate the care provided.
DISCLOSURE: Voluntary; however, if the information is not provided, it will delay the compilation of the data required for record keeping purposes.

PART III - MANAGEMENT OF BITING ANIMAL (To be completed by Veterinarian)

21. AUTHORITIES NOTIFIED

a. NAME (Last, First, Middle Initial)	b. DATE	c. TIME	d. INITIALS	e. FOLLOW-UP	
				(1) DATE	(2) TIME

22. INITIAL ACTION

23. EMERGENCY ROOM NOTIFIED

a. TIME	b. DATE	c. INITIALS
---------	---------	-------------

24. LOCATION OF ANIMAL DURING OBSERVATION PERIOD (On or off post, list point of contact if not veterinary activity)

25. OBSERVED BY (Include name of military or civilian agency)

26. DATES OBSERVED

a. FROM	b. TO
---------	-------

27. DATE ANIMAL RELEASED

28. CONDITION OF ANIMAL DURING AND AT THE END OF 10-DAY QUARANTINE

29. OTHER DISPOSITION OF ANIMAL (Explain fully - died, escaped, not located, etc.)

30. LABORATORY FINDINGS OF ANIMAL SUBMITTED FOR RABIES DIAGNOSIS

a. TEST (X one)	b. DATE RECEIVED	c. RESULTS (X one)	
(1) FLUORESCENT ANTIBODY		NEGATIVE	POSITIVE
(2) CELL CULTURE		NEGATIVE	POSITIVE

31. INFORMATION REPORTED TO RABIES BOARD BY

a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED
---------------------------------------	--------------	----------------

32. VETERINARY OFFICER

a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED
---------------------------------------	--------------	----------------

PART IV - RABIES ADVISORY TEAM ACTION/BOARD REVIEW

33. DISCUSSED BY (List names of members of team or board, or X box at right.) NOT REQUIRED TO MEET

34. RECOMMENDATIONS

a. HUMAN RABIES IMMUNE SERUM (X one)	LOCAL	SYSTEMIC	BOTH
b. VACCINE			
c. OTHER			

35. CHIEF, PREVENTIVE MEDICINE

a. NAME (Last, First, Middle Initial)	b. SIGNATURE	c. DATE SIGNED
---------------------------------------	--------------	----------------

36. FINAL DISPOSITION OF CASE (Review by rabies board)

37. PRESIDENT OR SENIOR MEDICAL OFFICER OF BOARD

a. SIGNATURE	b. DATE SIGNED
--------------	----------------