Rabies Outreach Program: Animal Exposure Questionnaire

Approved for public release, distribution unlimitied
General Medical, Specialty: 500c

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USAPHC

Rabies Risk Assessment: Animal Exposure Questionnaire

This questionnaire can be used by medical providers to determine treatment needs of individuals who sustained potential exposure to rabies and either **did not seek treatment in a timely manner** or **may not have completed a full course** of preventive treatment. The content of this questionnaire is also available as an AHLTA template, titled "RB_BITE_LATE." If this template cannot be accessed, this questionnaire should be scanned into the individual's AHLTA record. [NOTE: Another template, "RB_BITE_ACUTE," is available for documenting circumstances of acute rabies risk exposures. This questionnaire should **NOT** be used to assess acute rabies risk exposures. Directions for accessing and using each of the templates are available at: http://phc.amedd.army.mil/topics/discond/aid/Pages/Rabies.aspx.]

SECTION-1: Personal Information

Last Name _____ First Name_____
Middle Initial_____ SSN _____ DOB_____
Rank_____ Sex: ___Male ___Female

Service
__Army __Navy __ Air Force __Marines __Coast Guard
__Civilian __Contractor __Other (specify)_____

MOS/AFSC _____ Unit _____

Current Address: _____
_____
_____

Email _____
Cell phone _____
Work phone _____
Other phone _____

How many separate animal exposures–bites, scratches, broken skin that may have been contaminated with animal saliva, or exposures of animal saliva to mucous membranes (eyes, mouth, nose)–have you had during this deployment ?*(Do not include those from vaccinated pets in CONUS)*

__ One __Two __Three __Other (specify)_____

NOTE: Complete a new copy of Section-2 below for EACH exposure incident

Name (Last, First)_____SSN_____

Exposure #__of__total exposures during deployment

Section-2: Exposure Information

Complete a new copy of this section for EACH exposure incident during deployment

Date of exposure _____
MM/DD/YYYY

Country where exposure occurred
__ Afghanistan __ Iraq __ Other (specify)

Type of exposure (check all that apply)
__ Bite
__ Scratch
__ Animal saliva in eye, nose, mouth or broken skin
__ Other (specify) _____

Type of animal
__ Dog __ Cat __ Other (specify)

US/NATO Military Working Dog	**__ Yes**	**__ No**	**__ Unknown**
Adopted local animal (mascot, pet)	**__ Yes**	**__ No**	**__ Unknown**
Feral (Stray) Animal	**__ Yes**	**__ No**	**__ Unknown**
	__ Other (specify)		

Vaccination status of animal
__ Current (US/NATO Military Working Dog) __ Unknown

Location of the exposure
__ On the FOB __ On patrol __ Other (specify)

Describe the circumstances of the exposure (i.e., what happened):

Name (Last, First)_____ Last 4: _____ Exposure #__of__

What was done to the animal after the exposure? (check all that apply)

__ Animal was confined and observed for at least 10 days
__ Animal was euthanized (put to sleep)
__ Nothing
__ Don't know
__ Other (specify) _____

If the animal was put to sleep, were parts of it sent for rabies testing?

__ Yes
__ No
__ Don't know

Did the same animal appear perfectly healthy 10 or more days after the exposure?

__ Yes, I am positive I saw the same animal and it appeared healthy on or after day 10 (alert, not lethargic or overly aggressive; walking normally; not drooling)
__ I did not see the animal 10 or more days after the exposure
__ Don't know or couldn't say for certain
__ Other (specify)_____

Result of rabies test on the animal (if done):

__ Positive __ Negative __ Don't know

Who told you the rabies test results?_____

Describe the injury/injuries (bite, scratch) and the locations(s) on your body

Did the bite or scratch break the skin?

__ Yes __ No __ Don't know __ N/A

Did you bleed from the bite or scratch?

__ Yes __ No __ Don't know __ N/A

Did you see a medical care provider for this exposure?

__ Yes __ No __ Don't know __ N/A

If not, why not?

Name (Last, First)_____ Last 4: _____ Exposure #___of___

If you received medical care, answer the following:

Location where treatment was provided (name of FOB, etc)?

Type of medical provider?
__ Physician __ PA __ Medic __ Don't Know __ Other_____

Name of provider_____ Unit of provider_____

Date of treatment _____
MM/DD/YYYY

Did you ever have a previous rabies vaccination series (at least three shots) before this exposure occurred?
__ Yes __ No __ Don't Know

Did the provider say you needed a rabies vaccination after this exposure?
__ Yes __ No __ Don't Know

Treatment already provided (check all that apply)

__ None
__ Wound cleaning with soap and water
__ Tetanus shot
__ Antibiotics
__ Rabies immunoglobulin (RIG)(on Day 07)
__ Other (specify)

__ Rabies vaccine dose #1 (on Day 0)
__ Rabies vaccine dose #2 (on Day 3)
__ Rabies vaccine dose #3 (on Day 7)
__ Rabies vaccine dose #4 (on Day 14)
__ Rabies vaccine dose #5 (on Day 28)

Were you taking malaria pills when you received any vaccine doses?
__ Yes __ No __ Don't Know

Do you have a paper copy of the treatment record for this exposure?
__ Yes __ No __ Don't Know
NOTE: If yes, obtain copy, adapt treatment plan accordingly, and scan into AHLTA.

Was an electronic treatment record created for this exposure?
__ Yes __ No __ Don't know

Is there anything else your provider should know about your animal exposure?