Rabies Outreach Program: Animal Exposure Questionnaire

Approved for Public Release, Distribution Unlimited
Communicable Disease Reports (Animals): 40-400Z1

September 2011
Rabies Outreach Program: Animal Exposure Questionnaire

This questionnaire should be completed by individuals who had potential exposure to rabies during a deployment since 1 March 2010. Medical providers will use this information to assess potential risk for rabies and to determine any treatment that may be indicated.

Today’s Date ________________

MM/DD/YYYY

SECTION-1: Personal Information

Last Name __________________________________________________________

First Name _________________________________________________________

Middle Name _______________________________________________________

SSN ___________________________ Rank ___________ DOB _____________

Sex

☐ Male  ☐ Female

Service

☐ Army  ☐ Navy  ☐ Air Force  ☐ Marines  ☐ Coast Guard

☐ Civilian  ☐ Contractor  ☐ Other (specify) __________________________

MOS/AWSC  ___________________ Unit ________________________________

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 since 1 March 2010? (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
Section-2: Exposure Information

Complete a new copy of this section for EACH exposure incident since 1 Mar 2010

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 how the exposure happened

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Name (Last, First) ____________________________ SSN ____________________

Exposure number described on this copy of the form:
   Exposure ____ of ____ total exposures since 1 March 2010

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 saw the same animal and it appeared healthy on or after day 10 (alert, not overly aggressive, walking normally, not drooling)
- I did not see the animal 10 or more days after the exposure
- Don’t know
- 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 location(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? ______________________________________________________
____________________________________________________________________

____________________________________________________________________
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  ☐ Rabies vaccine dose #1 (on Day-0)
☐ Wound cleaning with soap and water  ☐ Rabies vaccine dose #2 (on Day-3)
☐ Tetanus shot  ☐ Rabies vaccine dose #3 (on Day-7)
☐ Antibiotics  ☐ Rabies vaccine dose #4 (on Day-14)
☐ Rabies Immunoglobulin (RIG) (on Day 0-7)  ☐ Rabies vaccine dose #5 (on Day-28)
☐ Other (specify) ___________________________

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

Was an electronic treatment record created for this exposure?
☐ Yes  ☐ No  ☐ Don’t Know

Is there anything else you would like to share with us about your animal exposure?

______________________________________________________________________________

______________________________________________________________________________