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   ___ 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 07)   ___ 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

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?