

Case No:_____Birth Date:_____

History of Exposure:

Date:_____Location:_____Involved Animal:_____

Type of Injury:_____Category:_____

Tetanus Vaccine:

Vaccine	Date	Site
TT/Td/Tdap 1st		
2nd		
3rd		

ATS / TIG
() ANSTDose____Site____

RIG: ERIG / HRIG

Dose:_____Route:_____

Site:_____

Generic:PVRV / PCECRoute: ID/ IM


Exposure:PRE / POST

_____EXPOSURE PROOHYLAXIS

Day	Due	Taken	Site	Vaccinator
3				
7				
14				
28				

Booster Dose:

0				
3				

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