

**ANIMAL BITE TREATMENT RECORD**

DOH Certificate No: \_\_\_\_\_ Transaction No: \_\_\_\_\_  
 PhilHealth Accreditation No: \_\_\_\_\_ Date: \_\_\_\_\_ (MM-DD-YYYY)  
 PhilHealth Identification Number (PIN): \_\_\_\_\_ ( ) Member ( ) Dependent  
 Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ (MM-DD-YYYY)  
 (Last Name) (First Name) (Middle Name)  
 Address: \_\_\_\_\_ Sex: ( ) Male ( ) Female Weight: \_\_\_\_\_  
 Exposure Category: ( ) I ( ) II ( ) III Date of Exposure: \_\_\_\_\_ (MM-DD-YYYY)  
 Date Treatment Started: \_\_\_\_\_ (MM-DD-YYYY)

**1. Mode of Animal Exposure:**  
 Nibbling/licking of uncovered skin  
 Nibbling/licking of wounded/broken skin  
 Scratch/Abrasion  
 Transdermal bite

**2. Body Part Affected/Exposed to Animal:**  
 Head and/or neck  
 other parts of the body  
 N/A (if by ingestion mode)

**3. Type of Animal:** ( ) DOG ( ) OTHERS SPECIFY: \_\_\_\_\_  
**4. Past history of animal bite:** ( ) Yes ( ) No if Yes, specify date \_\_\_\_\_

**4. Based on item no 3, was the PEP primary immunization schedule completed:** ( ) Yes ( ) No

ICD 10 Code \_\_\_\_\_

Post-Exposure Vaccination Record			
Period	Adm Route	Date	Given by
Day 0	( ) ID ( ) IM		Signature
Day 3	( ) ID ( ) IM		
Day 7	( ) ID ( ) IM		
Day 28	( ) ID ( ) IM		
Booster 1	( ) ID ( ) IM		
Booster 2	( ) ID ( ) IM		
ERIG _____ ml.			
HRIG _____ ml.			
Tetanus toxoid			
ATS			