

RABIES PEP ADMINISTRATION WORKSHEET

CLIENT LABEL

DATE: _____

VIS recipient: _____
 please print legibly

Relationship to VIS recipient: _____ Service Site: IRC Health Dept Other _____
 Specify

REPORT TO HEALTH DEPARTMENT: CALL (772-794-7472), FAX PEP WORKSHEET (772-794-7482)

NOTIFY ANIMAL CONTROL: (772) 226-4799 / (772) 978-6240 (after hours)

****SEND ORIGINAL WORKSHEET WITH PATIENT, TO BRING TO EACH VISIT****

VACCINE	ADMIN DATE	VACCINE NAME/BRAND	LOT #	EXPIRATION DATE	# VIALS USED	ROUTE/SITE	VIS DATE	FACILITY NAME	ADMIN NURSE NAME	NEXT APPT
TETANUS (DTap, Td or Tdap)										
HRIG										
RABIES VACCINE DAY 0										
RABIES VACCINE DAY 3										
RABIES VACCINE DAY 7										
RABIES VACCINE DAY 14										N/A
RABIES VACCINE DAY 28*										N/A

*administer day 28 only if patient is immunosuppressed

Comments: