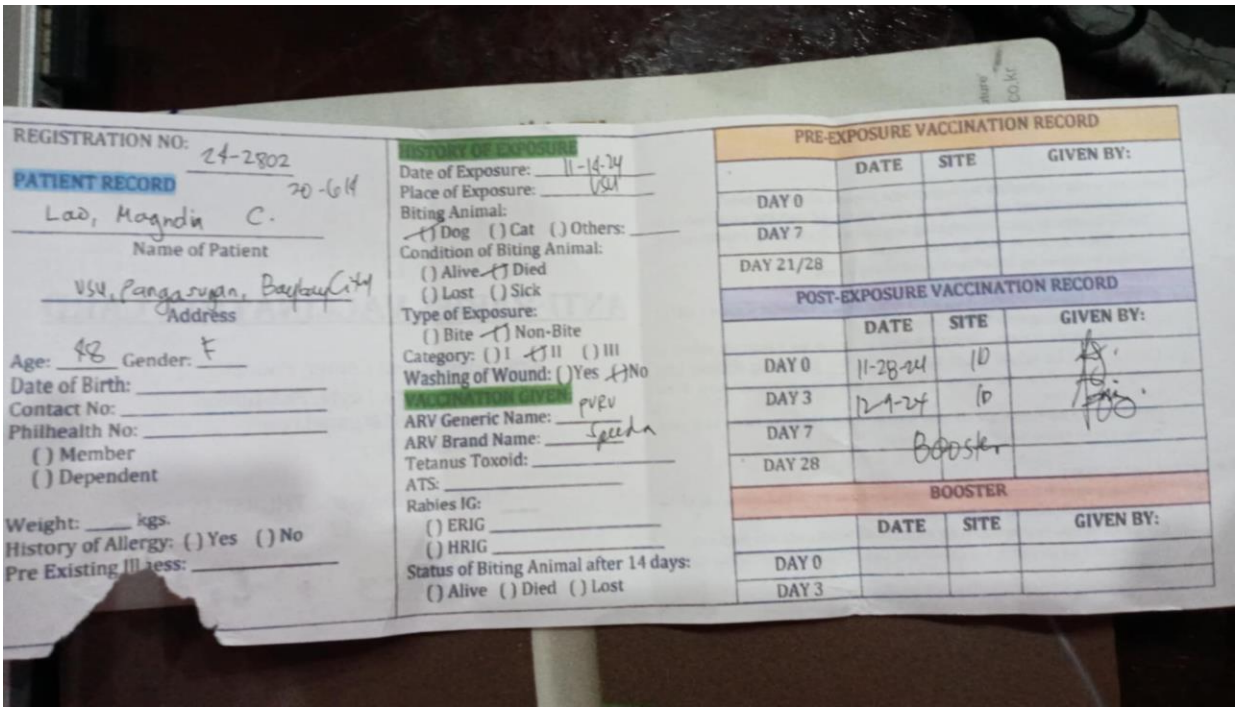

REGISTRATION NO: 24-2802

**PATIENT RECORD** 20-614

Lad, Magndia C.
Name of Patient

USA, Pangasugan, Baybay City
Address

Age: 48 Gender: F
Date of Birth: _____
Contact No: _____
Philhealth No: _____
( ) Member
( ) Dependent

Weight: ____ kgs.
History of Allergy: ( ) Yes ( ) No
Pre Existing Illness: _____

**HISTORY OF EXPOSURE**
Date of Exposure: 11-14-24
Place of Exposure: USA
Biting Animal:
(/) Dog ( ) Cat ( ) Others: ____
Condition of Biting Animal:
( ) Alive (/) Died
( ) Lost ( ) Sick
Type of Exposure:
( ) Bite (/) Non-Bite
Category: ( ) I (/) II ( ) III
Washing of Wound: ( )Yes (/)No

**VACCINATION GIVEN**
ARV Generic Name: PVRV
ARV Brand Name: Speeda
Tetanus Toxoid: _____
ATS: _____
Rabies IG:
( ) ERIG _____
( ) HRIG _____
Status of Biting Animal after 14 days:
( ) Alive ( ) Died ( ) Lost

**PRE-EXPOSURE VACCINATION RECORD**

| | DATE | SITE | GIVEN BY: |
|---|---|---|---|
| DAY 0 | | | |
| DAY 7 | | | |
| DAY 21/28 | | | |

**POST-EXPOSURE VACCINATION RECORD**

| | DATE | SITE | GIVEN BY: |
|---|---|---|---|
| DAY 0 | 11-28-24 | ID | |
| DAY 3 | 12-1-24 | ID | |
| DAY 7 | Booster | | |
| DAY 28 | | | |

**BOOSTER**

| | DATE | SITE | GIVEN BY: |
|---|---|---|---|
| DAY 0 | | | |
| DAY 3 | | | |