**GOVERNMENT OF MEGHALAYA**
**HEALTH & FAMILY WELFARE DEPARTMENT**

## ANTI-RABIES IMMUNIZATION

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Hospital Name | | | | | | District | |
| Patient's Name: | | | | | | OPD/UHID No. | |
| Age: | | Gender | M | F | O | Date of Reporting | |
| Father/Mother/Guardian Name for Minor | | | | | | Date of Dog/Cat/Animal/ Bite | |
| Address: | | | | | | | |
| Contact No: | | | | | | Occupation: | |
| Name of Consulting Doctor: | | | | | | | |

| |
|---|
| Patient's Chief Complaint: |

| |
|---|
| History of Present Illness: |

| |
|---|
| Relevant and Significant Past History and Family History: |

| |
|---|
| Condition of Patient: |

**Physical Examination:**

**a) Body Vital Signs:** _____

**b) Body Systemic Review:** _____

**Any Lab Investigation (if applicable):** _____

**Final Diagnosis:**_____

| Category/Degree of Bite | 1 | 2 | 3 |
|---|---|---|---|
| Specific Findings | | | |

| Dose No | Date to be Given | Date Given | Remarks | Signature |
|---|---|---|---|---|
| 1st Dose/0 Day | | | | |
| 2nd Dose/3rd Day | | | | |
| 3rd Dose/7th Day | | | | |
| 4th Dose/14th Day | | | | |
| 5th Dose/28th Day | | | | |

**Name of Medical Officer/Physician:** _____

**Signature:** _____

**Date:** _____