

THE MEDICAL CITY CLINIC @ COMMONWEALTH

Address: L/G ONE FELICITY CENTER, COMM. AVE. QC.

Tel No: 09178411501

Patient Name: Tioleo, Reginaldo III Age/Gender: 42 / m

Physician: Dr. Gvdg Diagnosis: _____

Date of Exposure: 4-20-24 Date Treatment Started: 5-1-24 Weight in kg. _____

TETANUS IMMUNIZATION

Vaccine	Brand	Date	Dose	Route	Site	Administered By
Tetanus Immunoglobulin						
Tetanus Toxoid #1	<u>T. vac</u>	<u>5-1-24</u>	<u>0.5</u>	<u>1m</u>	<u>Deltoid</u>	<u>gvdg</u>
Tetanus Toxoid #2						
Tetanus Toxoid #3						

RABIES POST-EXPOSURE IMMUNIZATION

Type of Exposure: Category I Category II Category III

Vaccine Brand: _____

Via Intramuscular Route	Date	Dose	Route	1 Site (Deltoid or Thigh)	Administered By
Day 0	<u>5-1-24</u>	<u>0.5 ml</u>	<u>1m</u>	<u>(A) Deltoid</u>	<u>gvdg</u>
Day 3	<u>5-4-24</u>	<u>0.5 ml</u>	<u>1m</u>	<u>(B) Deltoid</u>	<u>gvdg</u>
Day 7	<u>5-8-24</u>	<u>0.5 ml</u>	<u>1m</u>	<u>(B) Deltoid</u>	<u>gvdg</u>
Day 14	<u>5-15-24</u>	<u>0.5 ml</u>	<u>1m</u>	<u>Deltoid</u>	<u>gvdg</u>
Day 28/30					

Via Intradermal Route	Date	Dose	Route	2 Site @ Deltoid	Administered By
Day 0					
Day 3					
Day 7					
Day 28/30					

Equine Rabies Immunoglobulin: _____ ml Route and Site: _____

Human Rabies Immunoglobulin: _____ ml Route and Site: _____

Allergic Reactions/Comments: _____