

**STAMFORD HEALTH DEPARTMENT LABORATORY
TICK INFORMATION FORM**

ONLY TICKS THAT HAVE BITTEN PEOPLE CAN BE TESTED

I.D. # _____ Date: _____

Person **submitting** tick, please complete the following:

First Name _____ Last Name _____

No. & Street Address _____ Apt.# _____

Please circle one:

STAMFORD or **NEW CANAAN, CT** Zip: _____ Tel. No.() _____ Ext.# _____

Information for person bitten by tick if different from above:

First Name _____ Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone No. () _____ Ext.# _____ Work Phone No. () _____ Ext.# _____

Is tick dead? Yes { } No { } Was person bitten? Yes { } No { }

Address / area where tick was picked up: _____

Age of person bitten: _____ Sex: **M** () **F** () Is person bitten pregnant? _____

In which of the following locations, could you have acquired the tick?

Outdoors at home () Neighborhood () Away from home ()
Indoors at home () from pet () Unknown ()

Circle location of bite: Head Face Ear Neck Shoulder Armpit Arm Hand Hip Buttocks
Groin Chest Waist Abdomen Thigh Knee Leg Foot Back

Are there deer in the area where the person was bitten? Yes () No () Unknown ()

How many **previous** tick bites has the person had? ____

Reason for exposure to tick bite (Please circle):

- | | | |
|------------------------|---------------|------------------------|
| a. Employment outdoors | f. Hunting | k. Trail biking |
| b. Playing outdoors | g. Fishing | l. Outdoor event _____ |
| c. Gardening | h. Golf | m. Walking dog |
| d. Yard work | i. Hiking | n. Camping |
| e. Tick found on pet | j. Field trip | o. Other _____ |

How often does the person bitten:

1) Check for ticks? Always () Frequently () Sometime () Rare () Never ()

2) Apply DEET based repellent before going outdoors? Always () Frequently () Sometime () Rare () Never ()

Please turn over

Have you submitted ticks previously? Yes () No ()

Have you experienced any of the following symptoms?

Rash fatigue joint fever Facial
(Lack of energy) aches (If measured, highest temperature: _____) paralysis

Have you contacted your physician concerning this tick bite? Yes () No ()

Did your physician recommend that you submit the tick for testing? Yes () No ()

If you have seen your doctor, are you on any treatment? Yes () No ()

We would like to send you a short survey after
you get the results back from the agricultural station,
would you be willing to participate? Yes () No ()

If yes, what would be most convenient for you?

- a. Mailed to you, with a stamped return envelope (approximately one month after you get results)