



TICK BITE REPORT

Instructions: Please complete this form in **ink-pen** and return it to Human Resources:

Name: _____ Date of BITE: _____

Title: _____ Department: _____

Date of Hire: _____ Age: _____

Location of Bite on Body (be specific): _____

Were you bitten on the job? YES ____ NO ____

Approximately what time were you bitten? _____ am/pm (please circle)

When did you find the tick? _____

What were you doing when you were bitten? _____

Was the tick embedded? YES ____ NO ____

Was the tick engorged? YES ____ NO ____

Stage of tick: _____

*****This Report is for Informational Purposes Only*****

Please return completed forms to the Human Resources Office.