

Appendix VI

PERSONALIZED MEDICAL LOG

This log will allow you to keep track of any tick-related problems you or other members of your family experience. You should make copies of this blank form to fill out as necessary. Feel free to tape your tick right on the page as part of your permanent record.

Date				
Person bitten				
Town where person was bitten				
Place on body where bitten				
Hours attached				
Tick removal method				
Tick test date and results				
Call to doctor				
Human test date and results				
Symptoms and dates				
Treatment dates and medication				