

Form: Rabies Animal Exposure & Post-Exposure Prophylaxis Used

Reporting facility and/or person	1	Treatment centre/Hospital/Office/Other name _____ Person reporting: First name _____ Last name _____
Patient/person exposed Report immediately 1-888-221-2133 or after hours, call 1-800-431-2054. Fax completed form to 1-833-482-7820.	2	First name _____ Last name _____ Gender: F M Other Weight (kg/lbs) _____ Date of birth (mm/dd/yyyy) _____ Home phone _____ Other phone _____ Address (Permanent) _____ City or town _____ Province _____ Postal code _____ Address (Temporary) _____ City or town _____ Province _____ Postal code _____ Parent/legal guardian name (if patient under 16 years old) _____
Incident details	3	Date of exposure (mm/dd/yyyy) _____ Skin broken: Y N Wound location(s)/body area affected _____ Animal involved: Cat Dog Bat Raccoon Other _____ Exposure type: Bite Scratch Saliva Handling Other _____ Briefly describe the incident: _____
Animal owner information <small>(or person with custody of animal)</small>	4	First name _____ Last name _____ Address (Permanent) _____ City or town _____ Province _____ Postal code _____ Address (Temporary) _____ City or town _____ Province _____ Postal code _____ Home phone _____ Other phone _____
Post-exposure prophylaxis (PEP) Complete if PEP started* Consult HPPH as needed Refer to Rabies Vaccine & Rabies Immune Globulin fact sheet for dosage	5	Physician/Nurse _____ Date started (mm/dd/yyyy) _____ Rabies Immune Globulin (RabIg) Number of doses _____ Lot number _____ Expiry date (mm/dd/yyyy) _____ Number of doses _____ Lot number _____ Expiry date (mm/dd/yyyy) _____ Rabies Human Diploid (Vaccine) Number of doses _____ Lot number _____ Expiry date (mm/dd/yyyy) _____ Dose received: Day 0 Day 3 Day 7 Day 14 Day 28 (if indicated) <small>*Sections 3 and 4 not required after initial visit</small>
Personal health information	6	<small>This personal information is collected under the authority of the Health Protection and Promotion Act (1990) Reg. 557 Sec. 2. It will be used to conduct investigations and for the purposes of monitoring and surveillance of rabies activity. For further details concerning this collection, contact the Privacy Officer at Huron Perth Public Health, 653 West Gore Street, Stratford, ON, N5A 1L4 or call 1-888-221-2133 or e-mail privacy@hpph.ca</small>