

# GRAND ERIE PUBLIC HEALTH

## Rabies Investigation Form

Fax completed form to our fax line: 519-427-5907

Call 519-900-9600 ext 3477 during business hours Monday to Friday (8:30am to 4:30pm)

AFTER HOURS, WEEKENDS AND HOLIDAYS: Call 519-900-9600 or 905-798-9060

### Reported By: (check one below)

- ☐ Norfolk General Hospital      ☐ West Haldimand General Hospital      ☐ Haldimand War Memorial Hospital  
☐ Other (specify and name of person reporting) \_\_\_\_\_

### PATIENT/VICTIM INFORMATION (PLEASE PRINT CLEARLY)

Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Weight: _____ Kg/lbs	Date of Birth(Month/Day/Year): _____	
Home phone: _____	Other #: _____	
Address:(Permanent) _____		
Street #/911#	Street Name	Apt/Unit#      City      Postal code
Parent Guardian Name (if patient is under 16yrs of age): _____		

### INCIDENT DETAILS

Date of Exposure (Month/Day/Year): _____	Skin broken <input type="checkbox"/> Yes <input type="checkbox"/> No
Wound location(s)/Body area Affected: _____	
<input type="checkbox"/> Bite <input type="checkbox"/> Scratch <input type="checkbox"/> Saliva <input type="checkbox"/> Handling      Other: _____	
Circumstances Involving Incident: _____	
_____	
_____	
_____	

### Animal Owner Information (or person with custody of animal):

Animal Owner Name: _____
Address: _____
Street #/911#      Street Name      Apt/Unit#      City      Postal code
Phone Number: _____
<b>Animal Involved (please complete in as much detail as possible)</b>
Animal Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Bat <input type="checkbox"/> Raccoon      Other (specify): _____
Animal Name: _____      Animal Breed: _____
Animal Description: _____
Vaccinated for Rabies: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown      If yes, where? _____
Animal tag #/ID (if applicable): _____

**The GEPH must be contacted to release rabies post-exposure prophylaxis.**

**POST EXPOSURE PROPHYLAXIS\***      ☐ PEP Administered      ☐ PEP Not Administered

**Ensure that the lot and expiry information for the rabies vaccine and RIG used is recorded as required in the space below.**

Prescribing Physician:			
	Number of Doses	Lot Number	Expiry Date (Month/Day/Year)
Rabies Immune Globulin (RIG)			
Rabies Human Diploid (Vaccine)			

**\*Please refer to Rabies Vaccine and Rabies Immune Globulin fact sheet for dosage.**