

GRAND ERIE PUBLIC HEALTH Rabies Investigation Form

Fax completed form to our dedicated rabies fax line 24/7 FAX: 519-427-5907

Call 519-426-6170 during business hours Monday to Friday (8:30am to 4:30pm)

AFTER HOURS, WEEKENDS AND HOLIDAYS: Call 1-877-298-5888 and ask to speak with a Public Health Inspector.

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): _____	
Wound location(s)/Body area Affected: _____	Skin broken <input type="checkbox"/> Yes <input type="checkbox"/> No
<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: _____
Animal Involved (please complete in as much detail as possible)
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.