

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: _____ Male Female

Weight: _____ Kg/lbs Date of Birth(Month/Day/Year): _____

Home phone: _____ Other #: _____

Address:(Permanent) _____

Street #/911#	Street Name	Apt/Unit#	City	Postal code
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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 Yes No

Bite
 Scratch
 Saliva
 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
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Phone Number: _____

Animal Involved (please complete in as much detail as possible)

Animal Species: Cat Dog Bat Raccoon Other (specify): _____

Animal Name: _____ Animal Breed: _____

Animal Description: _____

Vaccinated for Rabies: Yes No Unknown If yes, where? _____

Animal tag #/ID (if applicable): _____

The HNHU 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.**