

# REPORT OF HUMAN-ANIMAL RABIES EXPOSURE

INITIAL REPORT					
Report Received by (First Last)		Date		Time	
Reported by		Telephone Number		Type of Exposure: Bite            Scratch Other: _____	
Date of Exposure		Geographic Location (Address) of Exposure			
EXPOSING ANIMAL					
Exposing Animal Name (or ID)	Animal Type (Domestic Animal)	Animal Age	Animal Sex	Animal Breed	Animal Color
Animal Type (Wildlife/Livestock)		Additional details (Wildlife/Livestock)			
Name of Animal Owner (First Last)			Telephone Number		
Street Address			Cell Phone Number		
City		Zip Code		Email Address	
Veterinarian Name		Veterinary Practice Name			
Veterinary Practice Phone		Veterinary Practice Address			
HUMAN EXPOSURE					
Name of Person Exposed (First Last)		Date of Birth		Sex Male            Female Unknown        Other: _____	
Street Address			Telephone Phone Number		
City		Zip Code		Email Address	
Is patient a minor? Yes            No	If yes, Name and Telephone Number of Parent/Guardian				
Location on Body where Exposure Occurred			Date of Exposure		
Type of Exposure Multiple bite Single bite Scratch Contamination of an abrasion, cut, open wound of mucous membrane with saliva or CNS fluid or other infectious material Direct contact with bat Other (specify) _____ Unknown		Description of Exposure			

### HEALTH CARE PROVIDER

<b>Name of Health Care Provider</b>		<b>Facility Name</b>	<b>Telephone number</b>
<b>Street Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Was rabies treatment started?</b> Yes          No  IF YES, the CDC-2 form should be completed and sent to the local health authority.	<b>If Yes, Treatment type</b> HRIG plus 4 doses of vaccine 2 doses of vaccine (pt. prevaccinated/preimmunized) No Rabies PEP initiated Other (specify):	<b>Date of Treatment</b>	

### NOTES

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