

VICTIM INFORMATION

Name of Victim: _____ Birth Date: _____

Age: _____ Sex: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Race: American Indian/ Alaska Native Asian Black/African American Hispanic/Latino

Native Hawaiian/Pacific Islander White/Caucasian Other Unknown

Received tetanus vaccine in the past 5 years? Yes No Unknown

Previously completed a Rabies Vaccine series? Yes No Unknown

HEALTHCARE INFORMATION

Healthcare Provider Consulted: _____

Telephone: _____ Fax: _____ Email: _____

EXPOSURE INCIDENT INFORMATION

Date of Exposure: _____ Address of Exposure: _____

Exposure Type: Bite Non-Bite (Saliva or Nervous Tissue Exposure) Scratch/Abrasion None

Description/Anatomical Site of Exposure(s): _____

Description of Incident: _____

ANIMAL OWNER INFORMATION

Animal Owner: _____

Relationship to Victim: _____

Address: _____

Phone: _____

ANIMAL INFORMATION

Species: _____ Breed: _____

Color/description: _____

Owned pet? Yes No Unknown

Date of Last Rabies Vaccination: N/A

Unknown Known; _____

Bite Provoked: No Yes

Reported to Local ACO: No Yes

ACO/Police Department: _____

TREATMENT INFORMATION

Treatment: None Cleaning Sutures

Surgery Tetanus

Antibiotics; _____

POST-EXPOSURE PROPHYLAXIS (PEP)

Rabies PEP Recommended? Yes No

If yes, by: JCDHE KDHE Provider

Other; _____

Refused rabies PEP? Yes No Unknown

Started rabies PEP? Yes No Unknown

If yes, facility: _____

Completed series? Yes No Unknown

Dates vaccines given:

HRIG: _____ #1: _____,

#2: _____, #3: _____,

#4: _____, #5 _____

Health & Environment RABIES EXPOSURE – DETAILED INFORMATION FORM

ANIMAL DISPOSITION (PLEASE FILL OUT FRONT BEFORE COMPLETING THIS SIDE)

- Euthanized, submitted for testing
Submitted by: _____
Date submitted: _____

- 10 Day Isolation (Animal Bites a Person)
Location of Isolation: _____
 - Owner's Home
 - Veterinary Office _____
 - Animal ShelterIsolation Start Date: _____
Isolation End Date: _____
Released by: _____
Did the animal survive?
 - Yes
 - NoIf no, was specimen submitted for testing?
 - Yes
 - NoSubmitted by: _____
Date Submitted: _____

- 45 Day Observation (Current on vaccinations animal bitten by another animal)
Location of observation: _____
 - Owner's Home
 - Veterinary Office _____
 - Animal ShelterObservation Start Date: _____
Observation End Date: _____
Released by: _____
Did the animal survive?
 - Yes
 - NoIf no, was specimen submitted for testing?
 - Yes
 - NoSubmitted by: _____
Date Submitted: _____

- 6 month quarantine (Animal not current on vaccinations bitten by another animal)
Location of observation: _____
 - Owner's Home
 - Veterinary Office _____
 - Animal ShelterObservation Start Date: _____
Observation End Date: _____
Released by: _____
Did the animal survive?
 - Yes
 - NoIf no, was specimen submitted for testing?
 - Yes
 - NoSubmitted by: _____
Date Submitted: _____

Additional Notes: _____

