

REPORT OF HUMAN POSTEXPOSURE RABIES TREATMENT

Completed By Local Health Jurisdiction Or Attending Health Care Provider
Circle Appropriate Response

IDENTIFICATION: County Case ID# _____ Year _____ Completed By _____ Date _____

Patient Name _____ (Last) _____ (First) _____ (M.I.) Phone No. (_____) _____ - _____

Address _____
Number, Street (Not P.O. Box Number) _____ City _____ County _____ Zip Code _____

Age _____ Sex: Male Female Unknown Is patient Hispanic or Latino? Yes No
Select one or more.
Race: If multiracial, select all that apply American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

EXPOSURE INFORMATION: Date of Exposure: MM/DD/YY _____
Time: Dawn Daylight Dusk Dark Unknown
Ownership of Rabid/Suspect Animal: Owned Not Owned Unknown
Species (Rabid/Suspect Animal): Bat Cat Cow/Calf Dog Ferret Fox Goat Groundhog/Woodchuck
Horse/Pony Monkey (Specify Species) _____ Rabbit Raccoon
Skunk Sheep Squirrel Other Rodent _____ Other _____ Unknown
Was Animal Tested? Yes Lab Surveillance # _____ No 10 Day Quarantine Completed Unknown
Was Animal Confirmed Rabid? Yes Positive Test No Negative Test
Was the Animal Vaccinated? Yes Date of Expiration _____ No Unknown

ANATOMICAL SITE OF EXPOSURE TO RABID/SUSPECT ANIMAL:
(Circle All That Apply) Head / Neck Arm / Hand Leg / Foot Torso (Trunk) Unknown

TYPE OF DIRECT EXPOSURE TO RABID/SUSPECT ANIMAL: Single Bite Saliva In Eye, Nose, or Mouth
Multiple Bites Skinning / Dressing Animal
Scratch Touching / Petting Animal
(Circle All That Apply) Saliva Contaminating Open Wound Other _____

TYPE OF INDIRECT EXPOSURE TO RABID/SUSPECT ANIMAL: Handling Pet / Animal No Fresh Wounds On Handler Other _____
(Circle All That Apply) Handling Pet / Animal Fresh Wounds On Handler Unknown

CIRCUMSTANCE OF EXPOSURE: Patient Approached Rabid / Suspect Animal Rabid / Suspect Animal Approached Patient
Other _____ Unknown

PATIENT'S ACTIVITY LEADING TO EXPOSURE TO RABID/SUSPECT ANIMAL: Petting / Touching, Playing / Picking up
Feeding
Skinning / Dressing Animal Carcass
(Circle All That Apply) Treating / Nursing / Examining / Consoling Pet Animal that had conflict
Eating the Rabid / Suspect Animal
Unprovoked Attack
Other (Explain) _____
Unknown

WAS PATIENT PRE-IMMUNIZED AGAINST RABIES? Yes Pre-Immunized No Pre-Immunized Unknown

POSTEXPOSURE RABIES TREATMENT: Complete – Rig & 5 Vac Incomplete (# of Doses Given _____) Booster – 2 Vac
Unknown Not Given Other _____

REASON FOR NOT COMPLETING TREATMENT: Patient Refused Animal Negative Other _____ Unknown

DATE TREATMENT STARTED: MM/DD/YY _____ **DATE TREATMENT COMPLETED / STOPPED:** MM/DD/YY _____

ZIP CODE WHERE EXPOSURE OCCURRED: _____ **RABID ANIMAL SURVEILLANCE REPORT #** _____