[Local Health Jurisdiction]
[LHJ Address] [INSERT LOGO]
Phone: XXX-XXX-XXXX
FAX: XXX-XXX-XXXX

Bat Exposure Report Form

Date:\_\_\_\_\_\_\_\_\_\_\_ CR #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Complainant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address of Complainant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If exposed, DOB\_\_\_\_\_\_\_\_\_\_\_\_\_
Complainant: □found bat □exposed to bat □pet(s) exposed □other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Capture location information: □ Home (INDOORS or OUTDOORS) □Garage
 □ Business (INDOORS or OUTDOORS)
 □ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of bat when captured: □ Live □ Dead □Killed (If bat euthanized, Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) □ Not found/released

**EXPOSURE INFORMATION:** (if exposure is a bite, please complete a Bite Report Form)
Explain Incident:

Did any people have potential contact with the bat (including sleeping exposures)? □No □Yes □Unknown
If yes, please complete:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | DOB | Address | Phone | If minor, parent name: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Were any pets exposed? Yes / No/Unknown If yes, is/are pet(s) current on rabies vaccination Yes / No / Unknown
Vet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
If your pet was exposed, please contact your Veterinarian for a rabies booster.
Depending on the incident and lab results, if applicable, we may follow up to get more information on the pets.
LHJ USE:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DateSpecimen Collected | Date Shipped to lab | Results:positive, negative, or unsuitable | Date Complainant/ Exposed Informed | Date EH closed | Date PEP Lettersent? | Date Case Closed |
|  |  |  |  |  |  |  |

Reported by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [LHJ]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_