



LHJ Use ID _____

Initial report to DPHHS date: ___/___/___

Final report to DPHHS date: ___/___/___

Send completed forms to DPHHS CDEpi Section

Fax: 800-616-7460

(Use Form for All Exposures by animal susceptible to Rabies)

Rabies Post-Exposure Prophylaxis (PEP)

County _____

REPORT SOURCE

LHJ notification date ___/___/___

Reporter:

Lab Hospital HCP

Public health agency Animal Control

law enforcement Victim Other _____

Investigation start date: ___/___/___

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ Homeless

City/State/Zip _____

Phone(s)/Email _____

Birth date ___/___/___

Gender F M Other Unk

Ethnicity Hispanic or Latino

Not Hispanic or Latino

Race (check all that apply)

Amer Ind/AK Native Asian

Native HI/other PI Black/Afr Amer

White Other

Alt. contact Parent/guardian Spouse Other

Name: _____ Phone: _____

EXPOSURE INFORMATION

Date of exposure: ___/___/___

Kind of animal involved: _____

Provoked Unprovoked Unknown

Vaccination status of animal:

Up to date

Not vaccinated

Vaccinated, not up to date

Not applicable (e.g. bats, wild animals)

Animal Tested Positive Negative Unsuitable

Circumstances of Exposure (separate sheet if necessary):

PATIENT PROPHYLAXIS / TREATMENT

Recommendation for PEP

Yes

PEP recommended Date: ___/___/___

Date PEP initiated: ___/___/___

No/Why?

Exposure determined to not warrant recommendation

Animal quarantined/observed with no signs/symptoms

Other/Provide reason below

Patient Refused PEP

(Note reason below)

PEP Provider (facility/Name/Phone): _____

Reason for refusal or no provision (separate sheet if necessary):

EXPOSURE DEFINITION

37.114.571 RABIES EXPOSURE - Exposure to a human by a species susceptible to rabies infection to include bites, potential bites or scratch, exposure to body fluids of animal, bat in room with sleeping person, touching animal.

Local Health Department Information

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local Use Field:

Local health jurisdiction _____

Record complete date ___/___/___