

Potential Rabies Exposure and Prophylaxis Report



Patient Name Surname, Given Name:	Important Patient Information
Patient ID Label	Patient Address: _____ Telephone: _____ Weight: _____ (kg/lb) Family Physician: _____

Potential Rabies Exposure

Date of Exposure: _____ Type of Animal: _____

Description of Animal: Indoor house pet Outdoor house pet stray wild unknown

Type of Exposure: Bite which penetrated the skin
 Saliva contamination of scratch, skin abrasions or mucous membranes
 Bat: direct bat contact where bite, scratch, or saliva contamination of open wound or mucous membranes cannot be eliminated

I consent to the release of the above information to the municipal small animal control agency for further investigation of this incident.

Signature of patient or guardian: _____ Date: _____

Owner of Animal <i>(please ask the patient to complete)</i>	Surname, Given Name: _____
Address: _____	
City: _____	Postal Code: _____
Telephone (main): _____	Telephone (alternate): _____

If prophylaxis is given, this section must be completed by medical personnel:

Prophylaxis, Day: _____ <i>(Please indicate day: 0,3,7,14,28)</i>			
Number of vials of Vaccine Administered:	_____	Lot #:	Expiry:
Number of vials of RIG Administered:	_____	Lot #:	Expiry:

Remaining vaccine doses to be:

Provided and administered by Emergency Department.

Provided by Health Unit and administered by Family Physician – Contact Health Unit at 705-743-1000 to obtain the required vaccine.

PLEASE ENSURE THAT FORM IS COMPLETE BEFORE SIGNING AND SENDING.

Healthcare Provider Name: _____

Healthcare Provider Signature: _____ Date: _____

SEND COMPLETED FORM BY FAX TO (705) 743-1203 and call:
 Monday to Friday, 8:30 a.m. - 4:30 p.m. **CALL: (705) 743-1000**
After Hours Monday - Friday & Holidays/Weekends **CALL: (705) 760-8127**