

Hospital Report Human Exposure Suspected Rabid Animal and Post Exposure Prophylaxis Recommended

Section 1: Patient Information

Last name: _____	Given Name: _____
Medicare number: _____	Date of Visit (yy/mm/dd): _____
Parent or Guardian (if applicable): _____	
Address: _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone: _____	Alternative Contact: _____
Date of Birth (yy/mm/dd): _____	Gender: () Male () Female
Patient Weight (kg): _____	Previous Rabies Prophylaxis: () Yes () No
Attending Physician: _____	Hospital: _____

Section 2: Exposure Information

Date of exposure (yy/mm/dd): _____	Wound location: _____
Type of exposure:	
<input type="checkbox"/> Bite (penetration of skin by teeth) <input type="checkbox"/> Non bite (contamination of scratches, abrasions, cuts or mucous membranes by saliva or other potentially infectious material, ie. brain tissue) <input type="checkbox"/> Bat exposure (direct contact with bat AND a bite, scratch or saliva exposure into wound or mucous membrane cannot be ruled out)	
Animal involved (fill in animal species in blank):	
<input type="checkbox"/> Bat	<input type="checkbox"/> Wild Carnivore: _____
<input type="checkbox"/> Livestock: _____	<input type="checkbox"/> Dog, Cat or Ferret: _____
Animal had bizarre aggressive behaviour or obvious neurological signs at the time of exposure:	
<input type="checkbox"/> Yes () No () Unknown Details: _____	
Animal available for diagnostic testing or observation period: () Yes () No () Unknown	
Geographical Location of Animal (if known)	
Name Animal Owner: _____	
Address: _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone: H (_____) W (_____) _____	Alternative Contact: _____

Section 3: Post-Exposure Prophylaxis (PEP) Recommended and Immunization Information

<input type="checkbox"/> Defer PEP pending observation period or diagnostic testing <input type="checkbox"/> PEP initiated: Rablg and 4 dose vaccine series for immunocompetent individuals <input type="checkbox"/> PEP initiated: Rablg and 5 dose vaccine series for immunocompromised individuals or taking antimalarials <input type="checkbox"/> PEP initiated: 2 dose vaccine series for previously immunized individuals		
Rabies Immune Globulin (Rablg)	Date administered (yy/mm/dd): _____	
Product name: _____	Lot No: _____	
Route: _____	Dosage (ml): _____	Site: _____
Rabies Vaccine	Date administered (yy/mm/dd): _____	
Product name: _____	Lot No: _____	
Route: _____	Dosage (ml): _____	Site: _____