

## SECTION 1: EXPOSED PERSON INFORMATION

PH Region: _____	Report Number: _____ - _____
Date received: _____	Received by: _____
Name Exposed Person: _____	
Medicare Number: _____	Date of visit: _____
Address: _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone: _____	Alternative Contact: _____

## SECTION 2: PH RISK ASSESSMENT

Obtain incident summary, human exposure and threat information for risk assessment.

Type of Exposure:  bite     scratch     other (explain): \_\_\_\_\_

Location of wound: \_\_\_\_\_

Animal involved:  dog     cat     ferret     bat     Unknown     Other: \_\_\_\_\_

Describe the circumstances surrounding the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next steps:

- PEP initiated and referred to Immunization, date: \_\_\_\_\_
- PEP deferred pending results of Investigation, date: \_\_\_\_\_

## Locate Animal

Contact appropriate organization to arrange for retrieval of animal

- Available raccoon, skunk, fox or coyote contact Telecare 811, date: \_\_\_\_\_
- Available wildlife (other species) contact private Nuisance Wildlife Control Operator, date: \_\_\_\_\_
- Stray dogs/cats running at large contact appropriate organization date: \_\_\_\_\_
- Immediate hazard posed by an animal, contact RCMP, date: \_\_\_\_\_

Results:

- Animal located and submitted for rabies testing, date: \_\_\_\_\_
- Animal located and placed under ten-day observation period, date: \_\_\_\_\_
- Animal not located by ten days after bite, date: \_\_\_\_\_

Is RMOH reassessment of risk required?  No     Yes, date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

## Veterinarian Evaluation

Contact DAAF to arrange for veterinarian evaluation of animal (clinically ill animal or changes in animal's health or behaviour reported), date: \_\_\_\_\_

Results:

- Animal submitted for rabies testing, date: \_\_\_\_\_  
 Animal placed under ten day observation period, date: \_\_\_\_\_

Is RMOH reassessment of risk required?  No  Yes, date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Rabies Testing

Contact DAAF to arrange for rabies testing of animal

Provide exposed person's name, animal owner's name, address, contact information, and Regional PH contact information, date: \_\_\_\_\_

Animal submitted for rabies testing; date results available: \_\_\_\_\_

Results:

- FAT Positive, date: \_\_\_\_\_  FAT Negative, date: \_\_\_\_\_

Is RMOH reassessment of risk required?  No  Yes, date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

## Ten-Day Observation Period

Date of Bite (Exposure): \_\_\_\_\_ Date ten days after Bite (Exposure): \_\_\_\_\_

Animal Owner Name: \_\_\_\_\_

Address (where animal is located): \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Alternative Contact: \_\_\_\_\_

Bite investigation referred, date: \_\_\_\_\_

Organization: \_\_\_\_\_ Referred to (name) : \_\_\_\_\_

Animal Identification (species, breed, age, colour and markings): \_\_\_\_\_  
\_\_\_\_\_

Animal available for ten-day observation period

- Yes  No, refer to Locate Animal, date: \_\_\_\_\_

Animal owner report any recent changes in animal's typical health or usual behaviors:

- No  Yes, refer to Veterinarian Evaluation, date: \_\_\_\_\_

Animal owner able to comply with ten-day observation (animal confined from other animals and people, indoors or in a fenced area):

- Yes  No, issue *PH Order for Observation*, date: \_\_\_\_\_

Animal allowed outside or have an encounter with wildlife (especially skunks, raccoons, or bats):

- No  Yes

Animal currently vaccinated:

- No  Yes

## Ten-Day Observation Period

Unprovoked or provoked bite. Provoked bites are situations where a person surprised, antagonized, or threatened animal or entered its territory. Examples include attempting to corner or trap animal, removing food or toy from animal, hitting animal, entering animal territory, approaching a mother animal with young, startling or waking up a sleeping animal, petting an unknown animal, handling an injured animal, or breaking up an animal fight.

Unprovoked Bite:

No  Yes

Provoked Bite:

No  Yes

No Visitation Ten-day Observation Period

Rabies information provided, confinement requirements, and notification to PH requirements explained, date: \_\_\_\_\_

Visitation Ten-day Observation Period

Rabies information provided, confinement requirements, and notification to PH requirements explained, date: \_\_\_\_\_

First visit, date: \_\_\_\_\_

Final visit, date: \_\_\_\_\_

Results:

Animal healthy at end of observation period, date: \_\_\_\_\_

Animal not located by end of observation period, date: \_\_\_\_\_

Animal referred to Veterinarian Evaluation, date: \_\_\_\_\_

Animal submitted for Rabies Testing, date: \_\_\_\_\_

Other, date: \_\_\_\_\_

Is RMOH reassessment of risk required?  No

Yes, date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 2: REGIONAL MEDICAL OFFICER OF HEALTH (RMOH) REASSESSMENT OF RISK

RMOH: \_\_\_\_\_

Date: \_\_\_\_\_

PEP indicated (either initiation or continuation of series)

PEP is not indicated (either no initiation or discontinuation of series)

Notes: \_\_\_\_\_  
\_\_\_\_\_

## SECTION 4: REPORT CLOSED

Exposed Person(s) and or Guardian notified, date: \_\_\_\_\_

Other, person(s) and date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Date report closed: \_\_\_\_\_

Closed by: \_\_\_\_\_