Leeds, Grenville & Lanark District HEALTH UNIT

ANIMAL EXPOSURE INVESTIGATION REPORT

Community Health Protection Dept
Infectious Diseases Program

REPORT ANIMAL EXPOSURE INCLUDING AFTER OFFICE HOURS BY CALLING: 613-345-5685 and FAX COMPLETED FORM TO: 613-345-5777

REPORTING AGENCY:		****OFFICE USE ONLY***	**Rabies Log #:**
Date Reported:	By:		Phone #:
Time Reported:	Date of Incident:		Ext No.

Animal Description: Dog ☐ Cat ☐ Bat ☐ Raccoon ☐ Other ☐ If other please state

Attending Physician *(first & last name)*:	Phone #:	Ext No.

PERSON EXPOSED (Please Print)

Surname:	First Name:	DOB (m/d/y):	M ☐	F ☐
Phone #:	Work #:	Cell #:		
Home Address:	Town/City:	Postal Code:		
Exposure Location on person's body:				
Name of Parent/Guardian (if applicable):				
Work #:	Cell #:	Home Phone #:		
Family Physician *(first & last name)*:	Phone #:	Fax #:		

ANIMAL OWNER (Please Print)

Surname:	First Name:	M ☐	F ☐
Phone #:	Work #:	Cell #:	
Address:	Town/City:	Postal Code:	
Email:			

Additional Comments:	

REQUEST FOR PROPHYLAXIS (Please Print)

Consultation with Health Unit Employee:	Date:	Time:
Physician Requesting Post Exposure Prophylaxis:		
Hospital/Practice:		
Prophylaxis Ordered by:	Name of Person Vaccine Released to:	
Date Ordered:	Date Released:	

(FOR HOSPITAL USE) RABIES VACCINE		**(FOR HOSPITAL USE) IMMUNE GLOBULIN**	
# of VIALS:		# of VIALS:	Weight in kg:
Lot Number:	Expiry Date:	Lot Number:	Expiry Date:
Lot Number:	Expiry Date:	Lot Number:	Expiry Date:

☐	Healthy individuals not previously immunized wit rabies vaccine **(4 doses) OR**
☐	Immunocompromised persons (including those taking corticosteroids or other immunosuppressive agents and those who have immunosuppressive (illness) and those taking chloroquine and other antimalarials **(5 doses)**

(FOR HEALTH UNIT USE)	**iPHIS Incident:**	**iPHIS Client#:**

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, S.O. 1990, H.7 and will be used for the provision of recording health information. Questions concerning the collection of this information should be directed to the Director of Community Health Protection Department of the Leeds, Grenville and Lanark District Health Unit, 458 Laurier Blvd., Brockville, ON K6V 7A3. Phone: 613-345-5685.