**Unified Government Public Health Department**

**RABIES INVESTIGATION FORM - HUMAN**

Fax or phone report to Disease Control & Prevention at: Fax 913-573-6744 or Phone 913-573-6712

Please fill out form with all known information

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<table>
<thead>
<tr>
<th>Report Date</th>
<th>Reporting person</th>
<th>Phone</th>
</tr>
</thead>
</table>

**A. Complete this section for Potential Human Exposure to Rabies**

<table>
<thead>
<tr>
<th>Name</th>
<th>Veterinarian’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthdate</td>
<td>Age</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner’s Name</th>
<th>Veterinarian’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>Phone</td>
</tr>
</tbody>
</table>

Did the victim previously complete a series of rabies vaccine?  Yes  No

Has the victim had a tetanus vaccine within the past 5 years?  Yes  No

**If no, tetanus vaccine is needed.**

<table>
<thead>
<tr>
<th>Date of exposure</th>
<th>Type of exposure:</th>
<th>Bite</th>
<th>Scratch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of body injured</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the attacking animal appear healthy?  Yes  No

Was the animal bite was provoked?  Yes  No

Describe events which led to exposure:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>________________________________</td>
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<td>________________________________</td>
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</tbody>
</table>

**C. Complete this Section for the Animal(s) Causing the Exposure**

Number of animals causing the exposure?  

List each animal separately below:

<table>
<thead>
<tr>
<th>Species</th>
<th>Proof of current rabies vaccination</th>
<th>Animal confined?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**D. Disposition of Animal Causing Exposure**

**Check one:**

- Dog or cat confined/observed for ___ days
- Animal sacrificed and tested for rabies.
- Animal destroyed and not tested
- Attempting to capture animal
- Other

Check all that apply:

- Test results:
- Animal not located
- Other

Comments:
### E. Complete this Section for Exposed Humans

Check one:
- [ ] Person received HRIG and 4 doses of rabies vaccine (5 doses if immunocompromised)
- [ ] Person started series but did not complete series because: ___ animal was not rabid
  ___ patient refused further treatment
  ___ patient was lost-to-follow-up
- [ ] Person refused to start treatment
- [ ] Other

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### F. Complete this Section for Exposed Animals

Check one:
- [ ] Animal was sacrificed. Date
- [ ] Animal was revaccinated; and observed for 45 days because:
  ___ animal was current
  ___ dog/cat (overdue) boosted within 96 hrs
  ___ dog/cat demonstrated anamnestic response
- [ ] Animal vaccinated within 96 hours and quarantined for:
  ___ 4 months (Dog/Cat)
  ___ 6 months
- [ ] Other

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### Notes:

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Name of person doing investigation: ___________________________ Date: ______________________

EpiTrax Identification Number: ____________________________