

# 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

Report Date _____ Reporting person _____ Phone _____		
<b>A. Complete this section for Potential Human Exposure to Rabies</b>		
Name _____ Birthdate _____ Age _____ Sex M F Address _____ City/State/Zip _____ Phone _____	Veterinarian's Name _____ Address _____ City/State/Zip _____ Phone _____	
Owners Name _____ Address _____ City/State/Zip _____ Phone _____		
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 <b>If no, tetanus vaccine is needed.</b>		
Date of exposure _____ Type of exposure:    Bite    Scratch Part of body injured _____ _____ _____		
Did the attacking animal appear healthy?    Yes    No    Was the animal bite was provoked?    Yes    No Describe events which led to exposure: _____ _____ _____		
<b>C. Complete this Section for the Animal(s) Causing the Exposure</b>		
Number of animals causing the exposure? _____ List each animal separately below:		
Species	Proof of current rabies vaccination	Animal confined?
_____	Yes    No	Yes    No
_____	Yes    No	Yes    No
_____	Yes    No	Yes    No
<b>D. Disposition of Animal Causing Exposure</b>		
<b>Check one:</b> <input type="checkbox"/> Dog or cat confined/observed for ___ days Start Date _____ End Date _____ Location of confinement: <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner Name _____ Phone _____ Address _____ City/State/Zip _____		
<input type="checkbox"/> Animal sacrificed and tested for rabies. <input type="checkbox"/> Animal destroyed and not tested Test results: _____ <input type="checkbox"/> Animal not located <input type="checkbox"/> Attempting to capture animal <input type="checkbox"/> Other _____ Comments: _____ _____ _____		

