## 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

Reporting person

Report Date Reporting person	FIIONE
A. Complete this section for Potential Human Expo	
Name	Veterinarian's Name
Birthdate Age Sex M F	Address
Address	City/State/Zip
City/State/Zip	Phone
Phone	
Owners Name	_
Address	_
City/State/Zip	_
Phone	_
Did the victim previously complete a series of rabies vac	ccine? Yes No
Has the victim had a tetanus vaccine within the past 5 y	ears? Yes No
If no, tetanus vaccine is needed.	
Date of exposure Type of exposure: Bite Scratch	
Part of body injured	
Did the attacking animal appear healthy? Yes No W	as the animal bite was provoked? Yes No
Describe events which led to exposure:	·
C. Complete this Section for the Animal(s) Causing	the Exposure
Number of animals causing the exposure?	
List each animal separately below: Species Proof of current rabies vaccinati	an Animal confined?
Species Proof of current rabies vaccinati Yes No	on Animal confined? Yes No
Yes No	Yes No
Yes No	Yes No
D. Disposition of Animal Causing Exposure	
Check one: Dog or cat confined/observed for da	lys
Start Date End Date	
Location of confinement:  Animal Shelter  Veterin	arian 🗌 Owner
Name	
AddressCity/State/Zip	
☐ Animal sacrificed and tested for rabies.	Animal destroyed and not tested
Test results:	☐ Animal destroyed and not tested ☐ Animal not located
☐ Attempting to capture animal	Other
Comments:	

E. Complete this Section for Exposed Humans	F. Complete this Section for Exposed Animals	
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	Check one:  Animal was sacrificed. Date Animal was revaccinated; and observed for 45 days because: animal was currentdog/cat (overdue) boosted within 96 hrsdog/cat demonstrated anamnestic response Animal vaccinated within 96 hours and quarantined for: 4 months (Dog/Cat)6 months  Other	
Notes:		
Name of person doing investigation:	Date:	
EpiTrax Identification Number:		