



Delaware Health and Social Services / Division of Public Health

Report of Potential Human Exposure to Rabies

Please Fax to DE Division of Public Health at (302) 739-2549 (or Back up FAX # (302) 739-2555) as Soon as Possible

VICTIM

Name: First Last M F Age Parent's name if under 18

Address: Street City State Zip Daytime Telephone Number

Date of Incident: MM/DD/YY Wound Location: (Hand, Arm, Leg, Face, etc.)

Wound Severity: Skin Not Broken Scratch Bite Laceration Puncture Wound

Treatment: Basic Wound Care Tetanus Sutures Antibiotics Rabies Vaccine and HRIG

Location of Incident Address, Place, or Location of Incident

Details of Incident: How Did Incident Occur?

ANIMAL

Dog Cat Other Please Indicate Species of Animal

Description: Color, Markings, Breed, Hair Length, Size, Weight, Sex, etc.

Owner Known: No Yes If Yes, please provide animal owner's information below.

Name: Daytime Phone:

Address: Street City State Zip

For Rabies Disease Prevention Information: Please Call DPH Rabies Hotline at (866) 972-9705

For Rabies Animal Control Services - Anywhere in Delaware: Please Notify Kent County SPCA at (302) 698-3006

Name of Person Taking Information: First Last Date: MM/DD/YY

Name of Hospital or Facility: Phone: