

**REPORT of POTENTIAL EXPOSURE TO RABIES**

**(To Be Completed by Health Care Provider or Health Care Staff--Print)**  
**Delaware Division of Public Health**  
**Office of Infectious Disease Epidemiology**  
**FAX: 302-622-4149**

Victim Information		
Name: (First, Last)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Prefer not to answer
		DOB: (DD/MM/YYYY)
Phone #: ( )	Parent/Guardian name if <18yrs: (First, Last)	Driver's License #:
Address: (Street, City, State, Zip code)		County: <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex <input type="checkbox"/> Other: _____
Exposure Information <sup>1</sup>		
Date of Incident: (DD/MM/YYYY)		Wound Location: (May check multiple if needed) <input type="checkbox"/> Upper Extremity <input type="checkbox"/> Lower Extremity/Buttocks <input type="checkbox"/> Face/Neck <input type="checkbox"/> Torso
Wound Exposure: (May check multiple if needed) <input type="checkbox"/> Bite <input type="checkbox"/> Scratch from tooth <input type="checkbox"/> Scratch from nail <input type="checkbox"/> Saliva <input type="checkbox"/> Other: _____		Has victim ever been rabies vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, date administered / /
		Did victim seek treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Treatment Facility:	Date of Treatment: / /	Treatment: (May check multiple if needed) <input type="checkbox"/> Basic Wound Care <input type="checkbox"/> Tetanus <input type="checkbox"/> Sutures <input type="checkbox"/> Antibiotics <input type="checkbox"/> Rabies Vaccine (PEP) and HRIG
Address or location of incident: (Street, City, State, Zip code)		
Brief description of incident:		
Offending Animal <sup>2</sup>		
Animal Type <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Bat <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk <input type="checkbox"/> Ferret <input type="checkbox"/> Other _____		
Relation to Animal: <input type="checkbox"/> Family Pet <input type="checkbox"/> Neighbor Pet <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		
Animal Description: (Age, Weight, Color)		
Animal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Male neutered <input type="checkbox"/> Female <input type="checkbox"/> Female spayed <input type="checkbox"/> Unknown		Bite marks, scratches, or any potential rabies exposure on offending animal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Animal Symptoms: <input type="checkbox"/> Fearful <input type="checkbox"/> Aggression <input type="checkbox"/> Excessive Drooling <input type="checkbox"/> Staggering <input type="checkbox"/> Paralysis <input type="checkbox"/> Seizures <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other _____		Offending animal current for rabies vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable
Date of Onset: / /		Date vaccinated ____/____/____ MM/DD/YY
		Vaccine expires ____/____/____ MM/DD/YY

<b>Is the owner known?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Owner Name:</b> (First, Last)	<b>Owner Phone#:</b> (       )
<b>Owner Address:</b> (Street, City, State, Zip code)		
<b>Form Information</b>		
<b>Name of person collecting information:</b>		<b>Date:</b>
<b>Name of entity reporting:</b> (clinic, facility name)		<b>Phone #:</b> (       )

**NOTE:** An animal control officer will be visiting the residence of both the bite victim AND the pet owner in an effort to aid in the determination of risk and need for rabies post-exposure prophylaxis (PEP).

For Human Rabies Disease Prevention Information DPH Rabies Hotline: 1-888-295-5156 or 302-744-4990

<sup>1</sup>If the exposure is animal on animal report to the Department of Agriculture.

<sup>2</sup>Complete one form for every offending animal.