

REPORT of POTENTIAL HUMAN EXPOSURE TO RABIES

(To Be Completed by Healthcare Provider or Healthcare Staff – Please Print)

Division of Public Health Office of Infectious Disease Epidemiology

FAX: 302-223-1540

<u>VICTIM</u>					
Name: First Last		DOB//	Age	Parent/Gua	ardian Name if < 18yrs
License # of Victim or Parent/Guardi	an (If victim < 18 year	rs):			
Address (Na DO Day).					
Address (No PO Box):Street	City	State	Zip		Phone
Date of Incident:	Wound I	Location:		4-)	
MM/DD/YY		(Hand	, Arm, Leg, Face, e	etc.)	
Wound Severity: Scratch (tooth)	Scratch (nail) Bite	e Laceration	Puncture V	Vound	
Treatment: Basic Wound Care	Tetanus Sutures	Antibiotics	Rabies Vaccin	e and HRIG	
Address or Location of Incident:					
Brief Description of How Incident O	ccurred:				
ANIMAL					
Dog Cat Other					
			Description of Ani	mal	
Owner Known: No Yes	If Yes, please provide anima	al owner's information	below.		
Family Pet Neighbor's Pet	Stray				
Name:			Daytime P	Phone:	
Address:Street		City	Sta	ta.	Zip
Sueet		City	Sta	ie	Zīþ
NOTE: An Animal Control Office prevent rabies transmission and m	ninimize the incidenc	e of rabies disea	se.		
For Human Rabies Disease Preven DPH Rabies Hotline: 866-972-9705	tion Information	ጥጥጥጥጥጥጥ ች ች ች ች ች ች			mal Welfare: 302-255-464
Name of Person Taking Information:			Date:		
	First	Last		MN	M/DD/YY
me of Hospital or Reporting Facility:			Phone		

Revised: 9/2015