

Animal Bites

(and other potential rabies exposures of humans)

PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address (mailing): _____
 Address (physical): _____
 City/State/Zip: _____
 Phone (home): _____ Phone (work/cell) : _____
 Alternate contact: Parent/Guardian Spouse Other
 Name: _____ Phone: _____

Birth date: __/__/____ Age: ____
 Sex: Male Female Unk
 Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 Asian Am. Ind/AK Native
 (Mark all that apply) Native HI/Other PI Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
 Investigation Start Date: __/__/____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to state: __/__/____

Entered in WVEDSS? Yes No Unk
 Case Classification:
 Confirmed Probable Suspect
 Not a case Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: Laboratory Hospital HCP Public Health Agency Other
 Reporter Name: _____ Reporter Phone: _____
 Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Exposure date: __/__/____

Exposure Type

- Y N U
 Bite
 Scratch
 Saliva/CNS tissue contact **with fresh* wound**
 Saliva/CNS tissue contact with mucous membrane
 Bat exposure with no definite bite or scratch
 Other (Describe: _____)

* Fresh wound=a wound that has bled within past 24 hours

Hospitalization

- Y N U
 Patient hospitalized for this exposure
 If yes, hospital name: _____
 Admit date: __/__/____ Discharge date: __/__/____

Death

- Y N U
 Patient died due to this exposure
 If yes, date of death: __/__/____

VACCINATION HISTORY

- Y N U
 Patient previously received rabies vaccine prior to this exposure
 If yes, date: __/__/____

TREATMENT

- Y N U
 Patient wound cleaned
 Patient started rabies PEP series
 If yes, name of facility initiating PEP series: _____
 If yes, did patient **complete series**?: Yes No Unknown
 Please document known vaccination dates below:
 #1: __/__/____ #2: __/__/____ #3: __/__/____ #4: __/__/____
 Patient received human rabies immune globulin (RIG)
 If yes, RIG date: __/__/____

LABORATORY

- Y N U
 Animal involved in exposure was submitted for rabies testing (If yes, date: __/__/____)
 Rabies virus detected in exposing animal via direct fluorescent antibodies (DFA) (If yes, date: __/__/____)

NOTES

