

Mandatory Reporting Form

Possible Rabies Exposure Report

Niagara Region
Public Health and Emergency Services
1815 Sir Isaac Brock Way
Thorold, ON L2V 4T7
niagararegion.ca/health

**Complete and fax form to Niagara Region
Public Health at 905-641-4994
or call 905-688-8248 ext. 7590.**

Patient Label

Please affix patient label with name, address, telephone, gender, and date of birth. Provide guardian information for under-aged children in the comments section below

Patient phone number: _____

Patient address: _____

Reporting agency: _____ Phone: _____

Attending physician: _____ Date: _____

Person Exposed

Date of exposure: _____ Person's weight (specify KG/LBS): _____

Type of exposure:

- | | |
|---------|-----------------|
| Bite | Mucous membrane |
| Scratch | Other: _____ |

Area affected:

- | | |
|--------------|-----------------------------|
| Head/face | Right fingers |
| Neck | Left leg |
| Upper torso | Right leg |
| Lower torso | Left foot |
| Left arm | Right foot |
| Right arm | Bat exposure (area unknown) |
| Left fingers | Other: _____ |

Please provide details regarding the incident/exposure:

Note: Both pages of this form must be completed and faxed.

Animal information

Type of animal:

Dog
Cat
Bat
Raccoon
Skunk
Other: _____

If domestic, is the animal vaccinated against rabies?

Yes
No
Unknown

Is the exposed person, also the animal owner?

Yes
No

If no, please fill out the information below:

Owner name: _____

Owner address: _____

Owner telephone number: _____

Animal name: _____

Description of animal: _____

Personal information contained on this form is collected under the authority of the Health Protection and Promotion Act, for the purpose of investigation by Public Health Services and the entry of the information to the Province database in the potential eventuality of Rabies Immunoprophylaxis to a Human Rabies case.

Vaccine Distribution (Hospital Use Only)

In the event that rabies vaccine (and/or immunoglobulin) is being administered at the hospital, **you must call 905-688-8248 ext. 7590 AND then fax the completed information below, immediately to Niagara Region Public Health and Emergency Services.**

*A valid Health Card Number, Date of Birth, and Patients Weight is required if dispensing vaccine.

Rabies Vaccine

Immovax - Human diploid cell vaccine
Rabavert- Purified chick embryo cell vaccine

Lot number: _____

Expiry date: _____

Quantity of Vials: _____

Rabies Immunoglobulin (RIG):

Lot number: _____

Expiry date: _____

Quantity of Vials: _____

Note: Both pages of this form must be completed and faxed.