

## Rabies Exposure Reporting Form

**All potential rabies exposures must be reported to the Health Department.**

Exposure reports are to be **phoned AND faxed** to the Health Department. Use this form to fax exposures.

**Phone: 311 Fax: 905-825-8797**

*Personal information and personal health information on this form is collected under the authority of the Health Protection & Promotion Act, R.S.O. 1990, C.H-7 for the purposes of initiating a rabies exposure investigation by the Halton Region Health Department, which includes follow-up contact for investigation purposes.. Where rabies post exposure prophylaxis (PEP) has been recommended or there is a confirmed human rabies case following investigation, information from this form will be entered into a provincial database called the Integrated Public Health Information System (iPHIS).*

Reporting Office or Hospital: \_\_\_\_\_ Attending Physician \_\_\_\_\_

Phone (back line if available): \_\_\_\_\_

**Patient Information** (affix patient label with name, address, telephone and date of birth or write in info below)

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\*If patient is visiting the area, please provide the visiting address \_\_\_\_\_

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\* Parent/Guardian (if under 16): \_\_\_\_\_

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**Date of Exposure:**

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**Type of Exposure**  
 Bite:  Non-bite:   
 bat:  Other: \_\_\_\_\_

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**Area Affected**  
 Head/Face  Neck  Hand   
 Other, please specify: \_\_\_\_\_

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**Details/comments regarding incident/exposure:**

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**Animal Information (Include any known information)**

Dog  Cat  Ferret  Raccoon   
 Bat  Fox  Skunk  Livestock

Other \_\_\_\_\_

If applicable, pet name: \_\_\_\_\_

Is the domestic animal vaccinated against rabies?  
 Yes  No  Unknown

**Animal Owner Information**

If exposed is also animal owner, please tick box.

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_

Owner Telephone #: \_\_\_\_\_