

Animal Bite/ Rabies Investigation Form

(Previously Rabies Investigation Form)

IF ANIMAL QUARANTINED

Observation period following exposure? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> From: _____ / _____ / _____ To _____ / _____ / _____ <div style="text-align: center;">(yyyy/mm/dd) (yyyy/mm/dd)</div>	
Observation location: _____	
Name of Observation person: _____ Phone: _____	
Observation period confirmed by EHO: <input type="checkbox"/> No <input type="checkbox"/> Yes	

IF ANIMAL DESTROYED/DECEASED

Brain sent for testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date specimen shipped: _____ / _____ / _____ <div style="text-align: center;">yyy/mm/dd</div>
Testing Result:	Date of test: _____ / _____ / _____ <div style="text-align: center;">(yyyy/mm/dd)</div>

CONTACT INFORMATION

Person providing initial treatment:	Phone:	Fax:
	Email:	

Environmental Health Officer: _____ <div style="text-align: center;">(print name)</div>	Date: _____
Comments:	

Did Rabies Exposure Occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rabies Post Exposure Prophylaxis authorized by: _____ <div style="text-align: center;">(print name of OCPHO or Clinician)</div>	
Person who received authorization: _____ <div style="text-align: center;">print name</div>	
Comments by OCPHO or Clinician:	
Rabies Immune Globulin Given: <input type="checkbox"/> Yes <input type="checkbox"/> No: If yes: Amount –	Post Exposure Vaccine Given: <input type="checkbox"/> Yes: _ <input type="checkbox"/> No: _

**Fax This Form to the Environmental Health Officer (EHO) Immediately
After Initial Treatment**

<u>Environmental Health</u>	<u>Fax</u>	<u>Telephone</u>
Yellowknife	(867) 669-7517	(867) 669-8979
Hay River	(867) 874-7211	(867) 874-7261
Inuvik.....	(867) 777-2039	(867) 777-7250

For EHO Office Use Only:
 Report submitted to the Office of the Chief Public Health Officer? Yes ___
 Date : _____