

## RABIES CASE INVESTIGATION WORKSHEET

*(Gray shaded sections must be filled out for submission to the laboratory.)*

Complete this section for humans (victims) potentially exposed to rabies: Name: City:                      Parish: Age:                      Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Complete this section for animals potentially exposed to rabies: Number of animals exposed?  Date of exposure:								
Did the victim previously complete a series of rabies vaccine? yes <input type="checkbox"/> no	List each animal separately: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Species/ID</th> <th style="width: 70%;">proof of current rabies immunization</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Species/ID	proof of current rabies immunization						
Species/ID	proof of current rabies immunization								
Has the victim had a tetanus vaccine within the past five years? yes <input type="checkbox"/> no If no, tetanus vaccine is required.									
Type of exposure (e.g., bite, scratch): Anatomic site: Exposure date: Describe events that led to exposure:	Veterinarian's name: Phone number:  Describe events that led to exposure:								
The bite victim is a(n) <input type="checkbox"/> veterinarian <input type="checkbox"/> veterinary technician <input type="checkbox"/> animal control personnel <input type="checkbox"/> volunteer <input type="checkbox"/> general public <input type="checkbox"/> other									
Complete this section for the animals causing the exposure: Number of animals causing exposure:									
List each animal separately:									
Species/ID:	Predominant breed (if a dog)	Proof of current rabies immunization:	Animal confined?						
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no						
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no						
		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no						
Complete this section for the person or animal identified above: Has the person or animal been potentially exposed to rabies? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, complete sections below.									
Disposition of animal causing exposure: Check one:									
<input type="checkbox"/> Dog, Cat, or Ferret confined for ten days		<input type="checkbox"/> Animal sacrificed and tested for rabies							
Start date:		Test results:							
End date:		Date received:							
Location of confinement:		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Inconclusive							
Complete this section for exposed humans: (check one)		Complete this section for exposed animals: (check one)							
<input type="checkbox"/> Person received HRIG and 5 doses of rabies vaccine		<input type="checkbox"/> Animal was sacrificed: Date:							
<input type="checkbox"/> Person started series but did not complete because: <input type="checkbox"/> Animal was not rabid <input type="checkbox"/> Patient refused further treatment <input type="checkbox"/> Patient was lost to follow-up		<input type="checkbox"/> Animal was re-vaccinated and observed for 45 days							
		<input type="checkbox"/> Animal was re-vaccinated and observed for 90 days							
		<input type="checkbox"/> Animal was quarantined for 6 months, then vaccinated one month before release							
<input type="checkbox"/> Patient refused treatment		<input type="checkbox"/> Animal was quarantined for 6 months							
<input type="checkbox"/> No treatment necessary due to completion 10-day quarantine of animal		<input type="checkbox"/> Other							
<input type="checkbox"/> Other									
Was the bite or other exposure provoked? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Notes:									
Name of person conducting investigation:			Date:						
Name of person to whom results of testing should be reported:			Phone:						