

Human Exposure Rabies Form

Print or type carefully

Victim Information:				
Name:		Age	Sex: male female	Parish:
Address:		City:	Zip:	Phone:
Did the victim previously complete a series of rabies vaccine? yes no Was the victim hospitalized? yes no				
Has the victim had a tetanus in the last five years? yes no <u>If no, a tetanus vaccine is required.</u>				
Is the victim a(n) veterinarian veterinary technician animal control general public other				
Exposure Information:				
Type of exposure (e.g., bite, scratch, other contact (specify)):				
Anatomic site of wound:		Exposure date:	Veterinarian:	
Describe events that lead to exposure:				
Is the animal owned? yes no Owner name:				
Owner contact:				
Species causing the exposure/wound (If more than one animal, list all):	Name or ID of animal	Predominant breed	Rabies Vaccine? Yes, No, Overdue	Date of last rabies vaccine
For Louisiana Department of Health Use Only.				
Is the animal causing the exposure adequately vaccinated against rabies and up to date on vaccines? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<input type="checkbox"/> Dog, cat or ferret confined for ten days Start date: End date:				
<input type="checkbox"/> Victim received HRIG and five doses of rabies vaccines				
<input type="checkbox"/> Victim 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				

Submitter (required):	
Name:	
Organization or Clinic Name:	
Telephone:	Email address:

Person to whom to report results:	Same as submitter other
Name:	
Telephone:	Email address: