

Human Exposure Rabies Form
(Print or type carefully)

Victim Information:		
Name:	City:	Parish where incident occurred:
Age:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	
Did the victim previously complete a series of rabies vaccine? <input type="checkbox"/> yes <input type="checkbox"/> no		
Was the victim hospitalized? <input type="checkbox"/> yes <input type="checkbox"/> no		
Has the victim had a tetanus vaccine within the past five years? <input type="checkbox"/> yes <input type="checkbox"/> no		
<u>If no, a tetanus vaccine is required.</u>		
Type of exposure (e.g., bite, scratch, other contact (specify)):		
Anatomic site of wound(s):		
Exposure date:		
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		
Species/ID of animal causing the exposure or inflicting the wound (If more than one animal, list all):	Predominant breed (if a dog)	

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: <input type="checkbox"/> Same as submitter	
<input type="checkbox"/> Other	
Name:	
Telephone:	Email address: