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)

**Date of Exposure:** ____________________________

**Type of Exposure**

Bite: [ ]  Non-bite: [ ]

bat: [ ] Other: [ ]

**Area Affected**

Head/Face [ ]  Neck [ ]  Hand [ ]

Other, please specify: ____________________________

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

________________________________________________________________________________

________________________________________________________________________________

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

Dog [ ]  Cat [ ]  Ferret [ ]  Racoon [ ]

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 #: ____________________________