



POSSIBLE ANIMAL RABIES EXPOSURE REPORT FORM

99 Edward Street
St. Thomas, ON N5P 1Y8
Phone: (519) 631-9900
Toll Free 1-800-922-0096
Fax: (519) 633-0468
www.elginhealth.on.ca

FAX this report to: (519) 633-0468

Date: _____

Reported by (Name): _____

Contact Telephone No. (____) _____

Details of Individual Exposed/Bitten

Name _____ Sex _____ D.O.B. _____ Age _____

Address _____ City/Municipality _____

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

911 # _____ Postal Code _____

Type of Exposure: 1 - Bite (Broke the Skin); 2 - Mucous Membrane Exposure; 3 - Open Wound (Bled within last 24 hours); 4 - Scratch; 99 - Unknown; 98 - Other _____

Location of Wound _____

Emergency Treatment _____

Hospital _____ Attending Dr. _____ Family Dr. _____

Date of Incident _____ Date Seen by Dr. _____

Describe incident: _____

Owner's Name _____ Home Phone # _____

Work Phone _____ Cell Phone _____ Email _____

Address _____ City/Municipality _____

911# _____ Road Name _____ Postal Code _____

The Personal Information on this Possible Animal Rabies Exposure Report Form is collected under the authority of the *Health Protection and Promotion Act* and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to:

ESTPH Privacy Officer
Elgin St. Thomas Public Health
99 Edward Street, St. Thomas, ON N5P 1Y8
(519) 631-9900; Fax: (519) 631-3745; E-mail: estph@elginhealth.on.ca