

**Report animal bites/scratches, and bat exposures to HPEPH by:  
Fax: 613-968-1461 or [EHFax1@hpeph.ca](mailto:EHFax1@hpeph.ca) or call for a consult with a Public Health Inspector at  
613-966-5500 ext.677, after hours 613-966-5500 and ask for the on-call inspector**

Reporting Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Patient's Full Address: \_\_\_\_\_ Patient's Phone Number: \_\_\_\_\_

Date of Incident (MM/DD/YYYY): \_\_\_\_\_ Animal Involved:  Cat  Dog  Bat  Other

Type of Contact:  Bite  Scratch  Both Location on body: \_\_\_\_\_

Will rabies PEP be given?  Yes **(consult with HPEPH & complete Part 2 of form below)**  No

Name of Owner of the Animal: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Address/City: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

**Physician requests for rabies vaccine call: 613-966-5500**

**Part 2**

<b><i>RABIES IMMUNE GLOBULIN (RIG) IM ONLY ADMINISTERED ONCE on Day 0</i></b>	<b>Patient</b>	Number of Vials of RIG Provided by Public Health Lot # and Expiry Date	
<i>If feasible, the full dose of RIG should be thoroughly infiltrated in the area of the wound. Any remaining volume should be given intramuscularly using a separate syringe and needle at site(s) distant from vaccine administration.</i>	Weight: Lbs./Kgs	# of vials:	RIG Type (Name):
	HC#:	Lot #:	Expiry Date:

<b>VACCINE Schedule</b> IM - deltoid or anterolateral thigh	<b>Date Due</b> month/day/year (never administer early)	<b>Actual Date Administered</b> month/day/year	<b>Vaccine Verification</b>	
<b>Day 0</b>			Service Provider	Public Health Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
<b>Day 3</b>			Service Provider	Public Health Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
<b>Day 7</b>			Service Provider	Public Health Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:
<b>Day 14</b>			Service Provider	Public Health Rep Initials:
			Vaccine Type (Name)	
			Lot #	Expiry date:

- > If patient is immunocompromised, administration of a 5<sup>th</sup> rabies vaccination on day 28 is needed.
- > Never administer day 3, 7, 14 vaccines earlier than what is set out in the schedule above.
- > Rabies vaccine on day 0 must be administered at a separate site on the body from where RIG was administered.

This form is completed by a Public Health representative and will be provided to and confirmed with the Service Provider.

Copies to: Service Provider / Patient / Public Health. **Patient to bring copy with them each time a dose is administered.**

<b>Collection of information on this form is authorized under the HEALTH PROTECTION AND PROMOTION ACT RSO, 1980 Chap. G,7 for the purpose of controlling and reporting communicable disease.</b>
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