RABIES CASE INVESTIGATION WORKSHEET
* Multiple copies of this sheet may be needed if more than one human or owner is involved.

A: Complete this Section for the Animal(s) Causing the Exposure

<table>
<thead>
<tr>
<th>Species/Description</th>
<th>Proof of Current Rabies Vaccination</th>
<th>Animal Available for Testing/Observation?</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
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Animal health status: was/were the animal(s) exhibiting signs and/or symptoms of rabies?  Yes  No
Was it possible that the animal(s) had a chance of having contact with any potential rabies vectors?  Yes  No
Comments: _______________________________________________________________________________________

Owner’s name and contacting information (or note that animal is not owned or wanted):

B: Complete this Section for Potential Human Exposures to Rabies

Name: ____________________________________________  How many animals exposed? ____________
Age: ______________  Sex: ______________
Contacting info (address / phone numbers / guardians):

Medical Provider: _____________________________  Veterinarian’s name: _______________________________
Telephone number: ___________________________  Telephone number: ________________________________

Did the victim previously complete a rabies vaccine series?  Yes  No
Has the victim had tetanus vaccine within the past 5 years?  Yes  No
If no, tetanus vaccine is needed.

Exposure date: _____________  Exposure date: _____________
Type of exposure: ____________________________________  Type of exposure: ____________________________________
Anatomical site: _____________________________________  Describe events which led to exposure:
Describe events which led to exposure:
Describe events which led to exposure:
Describe events which led to exposure:
Describe events which led to exposure:

C: Complete this Section for Potential Animal Exposures to Rabies

Owner’s name: ____________________________________________
Owners contacting info (address / phone numbers):

D: Complete this Section for the Person or Animal Identified in B or C above

Has the person or animal been potentially exposed to rabies?  Yes  No
If yes, complete Sections E and (F or G). If no, investigation is complete.
### E: Disposition of Animal Causing Exposure

Check one:

- Dog, cat or ferret confined for 10 day observation.  (Start date: _______  End date: _______ )
  Location of confinement: ____________________________________________________________

- Animal sacrificed and tested for rabies.  (Test result: _______________________________)

- Other:

### F: Complete this Section for Exposed Humans

Check one:

- Person received HRIG and 4 doses of rabies vaccine (5 doses if immunocompromised)
- Person started series but did not complete because:
  - Animal was not rabid.
  - Patient refused further treatment
  - Patient was lost-to-follow-up
- Person refused treatment
- Other:

### G: Complete this Section for Exposed Animals

Check one:

- Animal was sacrificed. Date _______

- Animal was revaccinated; observed for 45 days because:
  - Animal was current
  - Dog/Cat (overdue) boosted within 96 hours
  - Dog/Cat demonstrated anamnestic response

- Animal vaccinated within 96 hours and quarantined for:
  - 4 months (Dog/Cat)
  - 6 months
- Other:

### Notes:

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Name of person doing investigation: _____________________________                 Date: _____________
EpiTrax Identification Number: ______________________________