

RABIES EXPOSURE REPORT FORM

Complete this form for all animal bite reports except bats (use the "Bat Inquiry Protocol" form). Give form to EHS the next business day.

IMPORTANT: If a person is bitten by a raccoon, skunk, or fox, call EHS immediately.

Caller's Name: _____ Phone: _____

Date of incident: _____ Exposure occurred in Chemung County*? *Yes no*

** NYS County where exposure occurred takes lead on case. In addition to cases that occurred in our county, we also handle all cases involving Chemung County residents who are exposed in NYC or outside of NYS once they return home.*

Victim's Name: _____ Age: _____

Address: _____

Parent's Name (if victim is a minor): _____

Phone Numbers: _____ (home, work, cell)

Site of Exposure (on body): _____ Skin Broken? Yes No

Kind of Animal: _____ Type of Exposure: *bite scratch other*

Animal Owner's Name: _____ Phone: _____

Owner's Address: _____

Please describe circumstances of exposure: _____

Does caller need a return call from EHS (next business day)? Yes No

Was EHS staff called? Yes, emergency/unusual situation No, routine – not necessary

Staff person's name: _____ Date and time contacted: _____

Date report form sent to EHS: _____

Form completed by: _____ Date/time: _____