VPD-16
Revised August 2017

Rabies Investigation Form

** Please use yyyy/mm/dd for all dates*

Date: _____

Patient Information

NBS Number:	Gender: ☐ Male	☐ Female ☐ Other ☐ Unkown	DOB:
Victim's Name:			Age:
Parent/Guardian (if victim is a minor):			Phone number: H: W:
Physical Address:	Zip Code:		Estate:
Attending Physician or Primary Care Nurse:	Attending Physician/Nurse Phone number:		Date first attended by Physician:
Previously immunized for Rabies: Yes ☐ Unknown ☐ No ☐	Date immunization completed:		

Incident & Initial Assessment

Date of Exposure: Microchip or ID Number:
Place of Exposure:
Type of Exposure: Bite ☐ Scratch ☐ Saliva on intact skin ☐ Saliva on existing lesion ☐ Saliva on mucous membranes ☐ Occupational - Bite ☐ Occupational - Scratch ☐ Occupational - Saliva on intact skin ☐ Occupational - Saliva on existing lesion ☐ Occupational - Saliva on mucous membranes ☐ No known contact ☐ Other ☐, specify:
Type of attack: Provoked ☐ Unprovoked ☐ Unknown ☐
Wound Location: Head/Neck ☐ Face ☐ Arm ☐ Hand/Finger ☐ Torso ☐ Leg ☐ Foot/Toe ☐ Mucosa ☐ Unknown ☐ Other ☐, specify:
Animal Species: Dog ☐ Cat ☐ Bat ☐ Cow ☐ Horse ☐ Mongoose Other ☐, specify:
Animal Type: Pet (indoor) ☐ Pet(outdoor) ☐ Pet(indoor/outdoor) ☐ Outdoor Farm Animal ☐ Wild ☐ Stray ☐ Unknown ☐ Animal healthy at time of incident: Yes ☐ Unknown ☐ No ☐
Symptoms:
History of Incident/Exposure:

Animal Vaccinated: No ☐ Unknown ☐ Yes ☐, please provide details/dates:		
Veterinarian:		Vet Phone number:
Owner Name:	Address:	Phone Number H: W:
Observation Following Exposure: No ☐ Yes ☐ Where?		Date Observation Completed:
Animal Retention Result: Became ill ☐ Released ☐ Natural death ☐ Destroyed ☐ Escaped ☐		
Brain Sent for Testing? Yes ☐ Date sent:	No ☐ Why not?	
Primary Lab Results: Positive ☐ Negative ☐ Final Lab Results: Positive ☐ Negative ☐		

Immunization Recommendation

Tetanus Indicated? Yes ☐ No ☐ Administered? Yes ☐ Date: No ☐ Why not?
Rabies Immune Globulin & Vaccine: Recommended ☐ Not recommended ☐ Unknown at this time ☐ If recommended, complete immunization record (below)

Date received:	Date Reviewed:

Immunization Information

RIG Dosage: Weight in kg = _____ × 20 IU / kg = _____ I U (2 mL vial contains 300 IU = 150 IU/mL)
= _____ mL

Date:	Site(s)/Amount (ml)	Administered by:

Prior to initiation of Rabies Post Exposure Prophylaxis, all persons must be screened for immunosuppressive disorders which may include: • Asplenia; • Congenital immunodeficiencies involving any part of the immune system; • Human immunodeficiency virus infection (HIV); • Immunosuppressive therapy; • Haematopoietic stem cell transplant (HSCT) recipient; • Islet cell transplant (candidate or recipient); • Solid organ transplant (candidate or recipient); • Chronic kidney disease; • Chronic liver disease including hepatitis B and C; and • Malignant neoplasms including leukemia and lymphoma. (http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter7.pdf). **Consultation with the MHO should be done in case of any significant illness or for clarification if a candidate for rabies vaccine may be immunosuppressed due to the clinical condition or therapy.**

Vaccine	Series	Date	Administered by	
	1st Dose			If series not completed, why not? ☐ Animal well after observation period ☐ Animal results negative ☐ Victim previously immunized ☐ Victim refused further doses ☐ Lost to follow-up ☐ Referred out of province ☐ Other
	Day 3			
	Day 7			
	Day 14			
	Day 28*			

Remarks (e.g. vaccine reactions):

*Only required for immunocompromised individuals

VIDOH ONLY ----------

Reported by: _____

Investigated by: _____

Reporting Person Phone: _____ **Fax:** _____

Date: _____