MARYLAND REPORT OF HUMAN POST-EXPOSURE RABIES PROPHYLAXIS

Completed By Local Health Jurisdiction or Attending Health Care Provider

JURISDICTION: **COMPLETED BY:** **DATE:**

PATIENT IDENTIFICATION

Patient name _____ **Phone** (____) ____ - ____
(Last) (First) (M.I.)

Address _____
Number and Street (Not P.O. Box Number) City County Zip Code

Date of birth _____ **Sex** ❑Male ❑Female ❑Unknown **Is patient Hispanic or Latino?** ❑Yes ❑No

Race Select one or more. If multiracial, select all that apply ❑American Indian or Alaskan Native ❑Asian ❑Black or African American ❑Native Hawaiian or Other Pacific Islander ❑White

EXPOSURE INFORMATION

Address of exposure _____
Number and Street (Not P.O. Box Number) City County Zip Code

Date of exposure: (MM/DD/YY) _____ **Time** ❑Dawn ❑Daylight ❑Dusk ❑Dark ❑Unknown

Ownership of rabid/suspect animal ❑Owned ❑Not Owned-Feral Cat Colony ❑Not Owned-Other _____ ❑Unknown

Species (rabid/suspect animal) ❑Bat ❑Cat ❑Cow ❑Dog ❑Ferret ❑Fox ❑Goat ❑Groundhog/Woodchuck
❑Horse/Pony ❑Monkey (Specify Species) _____ ❑Rabbit ❑Raccoon
❑Skunk ❑Sheep ❑Squirrel ❑Other : ❑Unknown

DISPOSITION OF ANIMAL

Was animal tested? ❑Yes **Lab accession #** _____ ❑No ❑Unknown

Rabies test result ❑Positive ❑Negative ❑Unsatisfactory ❑Unknown

10 day quarantine? Date started (MM/DD/YY) _____ Date completed (MM/DD/YY) _____

If quarantine was not completed, explain why _____

Was the animal vaccinated? ❑Yes **Date of expiration** ❑No ❑Unknown

ANATOMICAL SITE OF EXPOSURE TO RABID/SUSPECT ANIMAL (Check all that apply)

❑Head / Neck ❑Arm / Hand ❑Leg / Foot ❑Torso (Trunk) ❑Unknown

TYPE OF EXPOSURE TO RABID/SUSPECT ANIMAL (Check all that apply)

❑Single bite ❑Saliva in eye, nose, or mouth ❑ Saliva contaminating open wound
❑Multiple bites ❑Skinning / Dressing animal ❑Touching / Petting / Treating animal
❑Scratch ❑Bat in room ❑Other:

CIRCUMSTANCES OF EXPOSURE (Check all that apply)

❑Patient approached animal ❑ Animal approached patient ❑Petting / Touching / Playing / Picking up
❑Feeding / Taking food away from animal ❑Skinning / Dressing animal carcass ❑Eating the rabid / suspect animal
❑Treating / Nursing / Examining animal ❑Breaking up fight between animals ❑Unprovoked attack by animal
❑Unknown ❑Other (Explain)

PRE AND POST-EXPOSURE RABIES PROPHYLAXIS

Was patient pre-immunized against rabies? ❑Yes **Date series completed** _____ ❑No ❑Unknown

Type of post-exposure prophylaxis given ❑Complete – HRIG & 4 vaccine doses ❑Incomplete: # of doses given _____
❑Booster – 2 vaccine doses ❑Unknown ❑Not given ❑Other: _____

Reason for not completing PEP ❑Patient refused ❑Animal negative ❑Other: _____ ❑Unknown

Date series started (MM/DD/YY) **Date series completed/stopped** (MM/DD/YY)

COMMENTS

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