

MARQUETTE COUNTY HEALTH DEPARTMENT

RABIES COMPLAINT FORM

Date of Complaint: _____ Time: _____

Staff Receiving Complaint _____

COMPLAINANT NAME: _____

ADDRESS: _____

TELEPHONE #: Home: _____ Work: _____

POTENTIAL EXPOSURE INFORMATION:

Type of Exposure (CIRCLE ONE) Human Domestic Animal or Livestock

WAS ANIMAL CAUSING POTENTIAL EXPOSURE WILD? (CIRCLE ONE) Yes No

ANIMAL CAUSING POTENTIAL EXPOSURE CAPTURED? (CIRCLE ONE) Yes No

VACCINATION STATUS _____

IF ANIMAL CAUSING POTENTIAL EXPOSURE DOMESTIC, IS OWNER KNOWN? (CIRCLE ONE) Yes No

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE #: Home: _____ Work: _____

INCIDENT DETAILS:

DATE OF POTENTIAL EXPOSURE: _____ TIME: _____

DESCRIPTION OF ANIMAL: _____

CIRCUMSTANCES OF POTENTIAL EXPOSURE: _____

If potential exposure was a bite, the "ANIMAL BITE REPORT FORM" must also be completed.

INCIDENT DETERMINED TO BE AN EXPOSURE*? (CIRCLE ONE) Yes No

Explanation: _____

IF EXPOSURE WAS RABIES PROPHYLAXIS RECOMMENDED? (CIRCLE ONE) Yes No

PATIENT DIRECTED TO CLINIC RABIES PROPHYLAXIS? (CIRCLE ONE) Yes No

HEALTH OFFICER AND MEDICAL DIRECTOR NOTIFIED? (CIRCLE ONE) Yes No

ANIMAL SUBMITTED TO LAB FOR TESTING? (CIRCLE ONE) Yes No DATE SUBMITTED _____

LAB RESULT (CIRCLE ONE) Positive Negative VICTIM NOTIFIED OF RESULT (CIRCLE ONE) Yes No

DATE VICTIM NOTIFIED _____

* A "rabies exposure" is defined as a person having contact with the saliva or brain tissue of a mammal via fresh open wound or mucous membrane, or a person exposed to a bat. Bat exposure includes any physical contact with a bat or being present in a living space containing a live or dead bat. Exposures can include a bite, scratch, or other physical contact were it is possible to be exposed to saliva or brain tissue.