Rev. 11/29/11

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.