WINDSOR-ESSEX COUNTY
HEALTH unit
Bureau de santé de Windsor-comté d'Essex

Rabies Investigation Form

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Regulation 557: Communicable Diseases outlines the requirements for health care providers, veterinarians, police officers, or any other person to report information related to an animal to human exposure (bite and/or scratch) to the Medical Officer of Health.

Completion of **both pages** of this form is required.

REPORTING INFORMATION			
DATE REPORTED (dd/mm/yyyy)			
REPORTED BY			PHONE NUMBER
VICTIM INFORMATION (Bite, Non-Bite, Bat Exposures)			
FULL NAME (FIRST) (LAST)			
DATE OF BIRTH	GENDER		WEIGHT ☐lbs ☐kg
PHONE NUMBER		ALTERNATE PHONE NUMBER	
ADDRESS (STREET/UNIT) (CITY) (POSTAL CODE)			

INCIDENT INFORMATION	
DATE OF INCIDENT (dd/mm/yyyy)	**DESCRIBE INCIDENT**

INJURY INFORMATION			
LOCATION OF INJURY			
☐	Head	☐ Left/Right ☐	**IF OTHER, PLEASE DESCRIBE**
☐	Arm	☐ Left/Right ☐	
☐	Leg	☐ Left/Right ☐	
☐	Foot	☐ Left/Right ☐	
☐	Other	☐ Left/Right ☐	
TYPE OF INJURY			
☐	Bite		**IF OTHER, PLEASE DESCRIBE**
☐	Scratch		
☐	Bleeding		
☐	Broken Skin		
☐	Other		

MEDICAL TREATMENT			
FACILITY NAME		DATE OF TREATMENT (dd/mm/yyyy)	
RECEIVED STITCHES	Yes ☐ No ☐	TETANUS UP TO DATE	Yes ☐ No ☐
FAMILY PHYSICIAN			

ANIMAL OWNER INFORMATION		
NAME (FIRST)		(LAST)
PHONE NUMBER	TYPE OF ANIMAL	
ADDRESS (STREET/UNIT)	(CITY)	(POSTAL CODE)
INFORMATION NOT PROVIDED ☐		

FOR HOSPITAL USE ONLY

Approval Required prior to dispensing PEP contact 519-258-2146 ext. 4475, Monday through Friday from 8:30 am to 4:30 pm, or after-hours at 519-973-4510.

Complete this section after RIG and Vaccine is administered.

DATE (dd/mm/yyyy)	**RIG Dispensed** Yes ☐ No ☐	LOT NUMBER	EXPIRY DATE (dd/mm/yyyy)	NUMBER OF VIALS DISPENSED
DATE (dd/mm/yyyy)	**Vaccine** Imovax ☐ RabAvert ☐ Other ☐	LOT NUMBER	EXPIRY DATE (dd/mm/yyyy)	DOSAGE

Please fax or email this completed form to the Environmental Health Department at 226-783-2113 or rabiesfax@wechu.org. If you have questions regarding this form, please call 519-258-2146 ext. 4475.

Note: *The personal information is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The information is used to conduct a Zoonotic disease investigation and for aggregate statistical reporting. If you have any questions about this form, please contact Manager, Environmental Health Department at 519-258-2146 ext. 3156*