

## Rabies Prophylaxis Tracking Form

**Immediately Fax to Simcoe Muskoka District Health Unit at 705-721-1495**

**Attention: Rabies Coordinator 705-721-7520 ext 8894**

**Patients Name:** \_\_\_\_\_

**Date of Birth (DD/MM/YY):** \_\_\_\_\_

**Physician/Hospital:** \_\_\_\_\_

		Date	Product, Lot Number, and Expiry Date	Injection Site	Dose	Staff Initial
Rabies Immune Globulin	Day 0					
Rabies Vaccine Imovax or RabAvert	Day 0					
	Day 3					
	Day 7					
	Day 14					
	Day 28 <i>if required</i>					