



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> | | | | | |

This information is collected under the authority of the Health Protection and Promotion Act (1990). Any questions regarding the collection of this information may be directed to the Freedom of Information officer at 705-721-7520 or 1-877-721-7520