

Rabies and Animal Exposure Incident Report

Temporary Nexus Rabies

IMMEDIATELY FAX all animal exposure incidents to the Simcoe Muskoka District Health Unit:

FAX: 705-725-8132

For suspicious animal exposures, and head, face, neck exposures: Phone: (705) or (877) 721-7520 ext. 8811

For the physician inquiries and release of rabies post-exposure prophylaxis: Phone: (705) or (877) 721-7520 ext. 8894

AFTER HOURS, WEEKENDS AND HOLIDAYS: 1-888-225-7851

PLEASE PRINT CLEARLY

A REPORT/INTAKE

Date Reported to SMDHU: YYYY/MMM/DD Reporting Location (*Name of Hospital/Office/Police*): _____

Contact Person at Reporting Location: _____ Phone Number: _____ Ext: _____
for additional file information

B PATIENT/VICTIM INFORMATION

Name: _____ Legal Sex Male Female X
As found on health card

Parent Guardian Name (*if patient is under 16yrs of age*): _____

Date of Birth: YYYY/MMM/DD Phone: _____ (Other) _____

Permanent Address: _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Temporary Address: _____ Dates Effective: _____
911# _____ Street Name _____ City _____

C INCIDENT DETAILS

Date of Incident: YYYY/MMM/DD

Details of Incident: _____

Body area affected: _____ Bite Scratch Saliva Handling Other : _____

Skin broken: Yes No

Family Physician: _____ Phone or other contact info: _____

D ANIMAL OWNER INFORMATION (or person with custody of animal):

Owner: _____ Phone: _____ (Other) _____

Address of Owner: _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Current Location of Animal: Same as Owner: Other : _____
911# _____ Street Name _____ Apt/Unit# _____ City _____

Animal Species: Dog Cat Bat Other : _____

Breed and Full Description: _____

Domestic Animals must be kept alive and available for Health Unit surveillance for 10 days to rule out risk of rabies.

Do **NOT** euthanize animal involved unless authorized by Health Unit Public Health Inspector.

The Health Unit does not remove healthy domestic animal from their owners.

**Simcoe Muskoka District Health Unit
PROGRESS NOTES**

INTAKE LOG/NEXUS #: _____ Page No. _____

Date	Time	

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