

Family Health - Communicable Diseases

Serving Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

Animal Bite or Exposure Report					
Report Date	Report Source	□ ACO □	Hospital 🛛 Phys	office D Sheriff D Vet D Client	
		Other - Explai	n:		
Subject Informa	Report Source A.C.0 Hospital Physoffice Shedifi Vet Client Other-Explain: DOB Image: State Zip Phone Image: State DOB Image: State Zip Phone Image: State Image: State DOB Image: State Zip Phone Image: State				
Name				DOB	
Address					
City		State	Zip	Phone	
County				Insurance	
Informant Name				Informant Phone	
Exposure Data					
Origin	Owned Animal	□ Str	ay Animal	□ Wild Animal □ Bat	
Incident Date		Type 🗖 Bit	e	Scratch Exposure	
Animal Species				Breed	
Describe Incident (where and how)					
Animal Data					
Owner's Name				Phone	
Address					
City		State	Zip	County	
Vet Name		Vet Phone		Pet Name	
Current Location of Animal				Quarantined? Ves No	
Rabies Vaccination	? 🗆 Yes 🗖	l No		Expiration Date	
Exposed person referred for medical care and follow up? Ves No					
/	al Provider ** complete prior to faxing to local health department ** d person referred for medical care and follow up? □ Yes □ No es: 1) What Provider? 2) Where will follow up care take place?				
		·	d Care		
Wound Site Treatment/Wound Care					
Medications			()		
	tes 1) 2)	3)	4)	5) (# 5 is only for persons with alt	
Vaccine Information	n Sheets (VIS) provide	d? □ Yes I	🗆 No		
Bite reported to He	rigin Owned Animal Stray Animal Wild Animal Bat cident Date Type Bite Scratch Exposure Breed escribe Incident there and how) there animal Secies Breed escribe Incident there and how) there animals exposed? Yes No <u>If Yes</u> , please explain: nimal Data where's Name Phone ddress ity State Zip County et Name Vet Phone Pet Name urrent Location of Animal abies Vaccination? Yes No Expiration Date Edical Provider ** complete prior to faxing to local health department ** xposed person referred for medical care and follow up? Yes No If Yes: 1) What Provider? 2) Where will follow up care take place? //ound Site Treatment/Wound Care mms/Last Tetanus Date (if not able to confirm, please consider booster shot) HRIG Date abies Vaccine Dates 1) 2) 3) 4) 5) (# 5 is only for persons with aller immune competence) accine Information Sheets (VIS) provided? Yes No Hard Stere No Bite reported to Health Department? Yes No Bite reported to Animal Control Officer (where applicable?) Yes No For				
Diagon provide an much information on possible to					
assist in follow up and tracking of potential rabies					
	Date Report Source ACO Hospital Physolfice Sheriff Vet Client Dother - Explain: DOB Information DDB State Zip Phone Insurance Information Owned Animal State Type Bite DoB Information DoB Information <				
assist in follow up and tracking of potential rabies exposure. ** <u>If rabies vaccination series is started in ED</u> - rlagge complete attached physician order for					
	s Vaccine Dates 1) 2) 3) 4) 5) (# 5 is only for persons with alter immune competence) ne Information Sheets (VIS) provided? Yes No History of PEP eported to Health Department? Yes No Bite reported to Animal Control Officer (where applicable?) Yes No ne provide as much information as possible to t in follow up and tracking of potential rabies sure. FORCOUNTY COUNTY rabies vaccination series is started in ED - lease complete attached physician order for pletion of outpatient rabies vaccination series l send with the patient at discharge; or fax to Fax:				
and send with the patient at discharge; or fax to Animal Control:					