Animal Bite/ Rabies Investigation Form

Municipal Enforcement/RCMP Notified?	
Yes	No

Fax **or email to Environmental Health Main Office immediately after initial treatment:**

Fax: ... . 867) 669-7517
Email: ..... environmental_health@gov.nt.ca
Phone: ..... (867) 669-8979

CLIENT INFORMATION

Last Name:	**First Name:**
Sex: ☐ Male ☐ Female	**HCP:**
Ethnicity: ☐Dene ☐Métis ☐Inuit ☐Other	**Community Where Bite Occurred:**
Present Weight: (kg.):	**Date of Birth:** _____/_____/_____ (*yyyy/mm/dd)*
Address: Community:	**Contact Number:** Home:
Street:	Work:
Postal Code:	Other:
Date of exposure: ____/_____/_____ *yyyy/mm/dd* **Time:**	**Date of report:** ____/_____/_____ *yyyy/mm/dd*
Explain circumstances of incident including animal behavior.	
Type of exposure: ☐ 1-Bite ☐ 2-Scratch ☐ 3-Saliva ☐ 4-Handling ☐ Other	
Location of exposure: ☐ 1-Head/Neck ☐ 2-Torso ☐ 3-Extremities ☐ 4-Finger ☐ 5-Mucosa ☐ 6-Unknown ☐ 7-Other, describe:	
Any bleeding or breaks to skin? ☐ Yes *or* ☐ No	**Client previously immunized against rabies?** ☐ Yes, give date: _____/_____/_____ *or* ☐ No (*yyyy/mm/dd*
Initial Treatment:	
Person providing initial treatment:	**Phone:** **Fax:** **Email:**

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ANIMAL INFORMATION

Owner of Animal: **Address:**	**Contact number**:
Animal species: ☐ Dog ☐ Fox ☐ Other (describe) _____ ☐ Unknown	
Animal type: ☐ Household pet -indoor ☐ Household pet -outdoor ☐ Stray ☐ Wild ☐ Unknown	
Animal immunized against rabies? ☐ Yes: _____/_____/_____ or ☐ No ☐ Unknown (*yyyy/mm/dd*	

IF ANIMAL QUARANTINED

Observation period following exposure? ☐ Yes *or* ☐ No From: _____/_____/_____ To _____/_____/_____
(*yyyy/mm/dd)* (*yyyy/mm/dd)*

Observation location: _____

Name of Observation person: _____ **Phone:** _____

Observation period confirmed by EHO: ☐ Yes *or* ☐ No

ENVIRONMENTAL HEALTH OFFICER

Brain sent for testing? ☐ Yes ☐ No ☐ Unknown	**Date specimen shipped**: _____/_____/_____ yyyy/mm/dd)
Testing Result:	**Date of test:** _____/_____/_____ (*yyyy/mm/dd)*

Was bite provoked? ☐ Yes ☐ No ☐ Unknown

Was Rabies Exposure Ruled Out? ☐ Yes ☐ No ☐ Unknown

Is action required by Chief Public Health Officer? ☐ Yes ☐ No

If Yes, has Chief Public Health Officer been notified? ☐ Yes ☐ No

Environmental Health Officer:_____ **Date** _____/_____/_____
(*yyyy/mm/dd)*

Comments:

Rabies Post Exposure Prophylaxis authorized by *(print name):*_____

Person who received authorization *(print name)*: _____

Chief Public Health Officer or Clinician Comments:

Rabies Immune Globulin Given: ☐ Yes *or* ☐ No or ☐ Unknown If yes: Amount –	**Post Exposure Vaccine Given:** ☐ Yes *or* ☐ No or ☐ Unknown