MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Rabies Post-Exposure

County

LHJ Use ID _____

☐ **Initial report to DPHHS date:** _____/_____/_____

☐ **Final report to DPHHS date:** _____/_____/_____

Send completed forms to DPHHS CDEpi Section

Fax: 800-616-7460

(Use Form for All Exposures by

REPORT SOURCE

LHJ notification date ___/___/___

Investigation start date: ___/___/___

Reporter:

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Animal Control

☐ law enforcement ☐ Victim ☐ Other _____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other

Name: _____ Phone: _____

Birth date ___/___/___

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

EXPOSURE INFORMATION

Date of exposure: ___/___/_____

Kind of animal involved: _____

☐ **Provoked** ☐ **Unprovoked** ☐ **Unknown**

Vaccination status of animal:

☐ Up to date

☐ Not vaccinated

☐ Vaccinated, not up to date

☐ Not applicable (e.g. bats, wild animals)

☐ **Animal Tested** ☐ **Positive** ☐ **Negative** ☐ **Unsuitable**

Circumstances of Exposure (separate sheet if necessary):

_____

_____

_____

_____

_____

PATIENT PROPHYLAXIS / TREATMENT

Recommendation for PEP

Yes

☐ PEP recommended Date:___/___/_____

Date PEP initiated: ___/___/_____

No/Why?

☐ Exposure determined to not warrant recommendation

☐ Animal quarantined/observed with no signs/symptoms

☐ Other/Provide reason below

Patient Refused PEP

☐ (Note reason below)

PEP Provider (facility/Name/Phone): _____

_____

Reason for refusal or no provision (separate sheet if necessary):

_____

_____

_____

_____

EXPOSURE DEFINITION

37.114.571 RABIES EXPOSURE - Exposure to a human by a species susceptible to rabies infection to include bites, potential bites or scratch, exposure to body fluids of animal, bat in room with sleeping person, touching animal.

Local Health Department Information

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local Use Field:

Local health jurisdiction _____

Record complete date ____/____/____

Case defining variables are in **bold.**