

# Alabama Department of Public Health Rabies Exposure Report

## SUBMITTER INFORMATION

DATE OF REPORT: \_\_\_\_\_ TIME OF REPORT: \_\_\_\_\_

MEDICAL FACILITY: \_\_\_\_\_ PHYSICIAN/PROVIDER'S NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

## VICTIM

NAME: \_\_\_\_\_ DOB:     /     /     SEX: \_\_\_\_\_

PARENT (If minor): \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## EXPOSURE

DATE OF EXPOSURE:     /     /     ADDRESS WHERE EXPOSED: \_\_\_\_\_

TYPE OF EXPOSURE:  BITE  SCRATCH  OTHER: \_\_\_\_\_  PROVOKED  UNPROVOKED

PART OF BODY EXPOSED: \_\_\_\_\_

## ANIMAL

DOG  CAT  OTHER: \_\_\_\_\_ COLOR: \_\_\_\_\_ BREED: \_\_\_\_\_

VACCINATED:  NO  YES  UNKNOWN     DATE:     /     /     VETERINARIAN: \_\_\_\_\_

IF KNOWN, OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

