RENFREW COUNTY AND DISTRICT HEALTH UNIT

141 Lake Street, Pembroke, ON K8A 5L8 Tel 613-732-3629 ext. 505 Fax 613-735-3067



Request for Rabies Post Exposure Prophylaxis

*Reporting Agency:					
Reported By:					
*Date Reported:					
INCIDENT & client details					
*Patient Name:					
*Health Card Number:			*D.O.B: (yy/mm/dd)		
*Gender: M F	*Address:				
*City:	*Province:	*Postal Code	:	*Phone: ()	
*Attending Physician:		*Teleph	none: ()	
Family Physician: Telephone: ())	
*Date of Incident: (yy/mm/dd) *Client Weigh				Kg	
*Details of Incident:					
*Type of Exposure (circle): BITE HANDLING NEARBY SCRATCH UNKNOWN					
*Wound Description:					
*Animal Species (circle): BAT CAT DOG FOX RACCOON SKUNK SQUIRREL CHIPMUNK UNKNOWN OTHER (SPECIFY):					
*Animal Type (circle): DOMESTIC PET STRAY WILD UNKNOWN					
*Rabies Immune Globulin Information					
				health unit codes from vial v for description)	
3) Lot Code #	3) Lot C	3) Lot Code #			
4) Expiry Date:	4) Expir	4) Expiry Date:			
*Vaccine Received By:					

* Denotes mandatory information

Note: Unique 4 digit health unit codes can be found at the end of the vial box. They are handwritten and are helpful for internal recordkeeping purposes.