

ANIMAL BITE/EXPOSURE REPORT

All animal biting incidents, including those involving owners who have been bitten by their own animal, are to be reported to the Medical Officer of Health in accordance with the Health Protection and Promotion Act and the Rabies Prevention and Control Protocol, 2013 (or as current).

Health Unit No. _____
Completed _____
PHI _____
ID-IN-RAB-5 July 2015

1. Please complete the following in full and **immediately fax** to the Infectious Disease Program at **(807) 625-4822**.
2. Call and report the incident to the Thunder Bay District Health Unit at 625-8318 or Toll Free 1-888-294-6630 ext. 8318. After working hours (after 4:30 pm or weekends and holidays), please call Nurses' Registry at 624-1280.

REPORTED BY:

Name of Hospital/Clinic/Physician's Office or other agency: _____

PERSON EXPOSED – VICTIM:

Name: _____ Guardian (if applicable) _____

Address: _____ (City) _____ (Postal Code)
(#, street, apartment/unit)

Phone Number: _____ (Home) _____ (Work) _____ (Cell)

Date of Birth: _____ (Day/Month/Year)

ANIMAL INFORMATION: Dog Cat Other (please specify) _____

Name of Owner: (if known) _____

Address: _____ (City) _____ (Postal Code)
(#, street, apartment/unit)

Phone Number: _____ (Home) _____ (Work) _____ (Cell)

Animal Vaccinated: Unknown No Yes

If Yes, please provide the Date: _____ and Location of Vaccine Provider: _____
(Day/Month/Year)

Animals involved in a biting incident must NOT be euthanized (destroyed/put down), sold or given away until a 10 day isolation/quarantine period has been completed.

DETAILS OF INCIDENT/EXPOSURE:

Date of Incident: _____ (Day/Month/Year)

Bite Skin was Broken Scratch Other _____

Arm Leg Hand Upper Body Lower Body

Head Other _____

Was the animal *provoked? Yes No Not Sure

*Provoked Situations Include: <ul style="list-style-type: none">- Taking/Giving Food- Breaking up an Animal Fight- Playing with the Animal- Providing Medical Care
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ADDITIONAL INFORMATION:

Personal information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, as amended and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004. This information will be used to maintain an immunization record. For questions regarding the collection of your personal information, please contact the Thunder Bay District Health Unit, 999 Balmoral Street, Thunder Bay, ON P7B 6E7. Telephone (807) 625-5900.

