ANIMAL BITE/EXPOSURE REPORT All animal biting incidents, including those involving owners who have been by their own animal, are to be reported to the Medical Officer of Health in accordance with the Health Protection and Promotion Act and Ontario Regulation 557.	n bitten Health Unit No Completed PHI Feb 2020
<ol> <li>Please complete the following and <b>immediately fax</b> to the Environmente 4822.</li> <li>Call and report the incident to the Thunder Bay District Health Unit at 625 ext. 5930. After working hours (after 4:30 pm or weekends and holidays) Answering Service at 624-1280.</li> <li>REPORTED BY:</li> </ol>	5-5930 or Toll Free 1-888-294-6630 ), please call Thunder Bay
Name of Hospital/Clinic/Physician's Office or other agency:	
PERSON EXPOSED – VICTIM:	
Name: Guardian (if applic	able)
Address:(#, street, apartment/unit)(City)	
(#, street, apartment/unit) (City)	(Postal Code)
Phone Numbers: (Work)	(Cell)
Date of Birth:	()
(Day/Month/Year)	
Name of Owner: (if known)         Address:         (#, street, apartment/unit)         (City)	
Phone Numbers: (Home) (Work)	(Cell)
Animal Vaccinated: 🗆 Unknown 🗆 No 🗆 Yes Pet's name:	
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)	*Provoked Situations Include: - Taking/Giving Food
□ Bite □ Skin was Broken □ Scratch □ Other	- Breaking up an Animal Fight
□ Arm □ Leg □ Hand □ Upper Body □ Lower Body □ Head □ Other	<ul> <li>Playing with the Animal</li> <li>Providing Medical Care</li> </ul>
Was the animal *provoked? □ Yes □ No □ Not Sure	
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.

