



**CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
RABIES EXPOSURE REPORT
FOR MEDICAL PROVIDERS**

Name: _____ Birth date: _____
 Address: _____ State: _____ Zip: _____
 Phone number: _____ Parent's name: _____
 Exposure date: _____ Time: _____
 Medical Provider: _____

Type of exposure: bite non-bite mucosal exposure sleeping in room with bat
 provoked unprovoked

County where exposure occurred: _____

Description of animal:

pet stray wild
 dog cat bat breed _____ other _____

Description of the animal's/ human behavior at the time of the exposure:

Name & address of owner (if known):

Location of the animal (if known):

Treatment:

Vaccines given: Rabies Immune Globulin Rabies Vaccine Tdap Td
Reported to: Local Health Department Animal Control

Staff name completing report: _____ Date: _____

**PLEASE FAX TO THE LOCAL ANIMAL CONTROL OFFICE
AND CMDHD WITHIN 24 HOURS)**

Central Michigan District Health Department Fax Numbers	
Arenac County 989-846-6541	Isabella County 989-773-4319
Clare County 989-539-4449	Osceola County 231-832-1020
Gladwin County 989-426-6952	Roscommon County 989-366-8921

Animal Control Office Fax Numbers	
Arenac County 989-846-9194 ATTN: Animal Control Office	Isabella County 989-772-0181
Clare County 989-539-4919	Osceola County 231-832-6165
Gladwin County has no fax # but the local health department calls them and they pick up the report	Roscommon County 989-275-8732

The following are not considered likely to carry rabies and will not be tested except by special arrangements with MDHHS:

**Chipmunks, Guinea Pigs, Mice, Shrew, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles,
Gophers, Moles, Rats, Prairie Dogs**

**CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
RABIES EXPOSURE REPORT
SECTION 2 --- CMDHD ENVIRONMENTAL HEALTH**

Name of person exposed: _____

Location where the animal can be found: at large quarantined sent for testing

Location of quarantine: Animal Control Home

Name & address of pet owner:

Name: _____

Address: _____

Quarantine expiration date: _____

Animal control notified by: medical provider client CMDHD

Has the animal received rabies vaccination? yes no # of doses: _____

Expiration date of current rabies vaccination: _____

Name & address of veterinarian who administered the rabies shots:

Name: _____

Address: _____

Describe the behavior of the animal prior to the person's exposure:

Type of exposure: bite non-bite mucosal exposure sleeping in room with bat

Status of animal at end of quarantine: released in healthy condition
 animal destroyed Date: _____
 Animal demonstrating unusual behavior & sent for testing

Where was the animal sent for testing: MDCH MSU

Name of submitter: _____

Shipping arrangements:

Test results on animal: Date: _____ negative positive

Who was notified of testing results: Client Personal Health Medical Director

Notes:

EH Staff Completing report: _____ Date: _____

Date PH notified: _____

**CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
RABIES EXPOSURE REPORT
SECTION 3 --- CMDHD PERSONAL HEALTH**

Is Post Exposure Treatment indicated? yes no

Has the client agreed to obtain PET? yes no

If the client refused to seek PET, was a certified letter sent to the client informing them of their risk for Rabies following their exposure? yes no

Has the Rabies Post Exposure letter been given to the client? yes no
(For submission to their health insurance company)

Location for PET: ER _____
 Walk In Center _____
 Clinic _____
 Medical Provider _____

Payment source for PET:
 Health insurance
 Uninsured
 Underinsured
 Referred to the Rx Hope Program

Dates PET received: Day 0 _____ Rabies vaccine RIG
 Day 3 _____ Rabies vaccine
 Day 7 _____ Rabies vaccine
 Day 14 _____ Rabies vaccine
 Day 28 _____ Rabies vaccine (if needed)

Date of last Tdap or Td: _____

Educational information given to client/ family:

Notes:

PHN Completing report: _____ **Date:** _____

**CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
RABIES EXPOSURE REPORT ADDENDUM**

Person Exposed: _____

Additional family members exposed:
(please document demographic information if contacts are not within the same family unit)

Name	Birthdate	Address	Phone
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