



COMMUNITY HEALTH DIVISION | DISEASE PREVENTION

Reporting Form for Suspected Rabies Exposure

REPORTER INFORMATION

Report date: _____ Reported by: _____

Reporting organization: _____ Phone: _____

Did healthcare recommend rabies post-exposure prophylaxis (PEP)? Yes No Unknown

NOTE: If PEP was not recommended by healthcare, this exposure is not reportable to WCPH.

ANIMAL INFORMATION

Animal status: Domestic Stray Wild Type of animal: _____

Visual description of animal: _____

Animal health at the time of exposure: Healthy Shaking/Seizures Injured/Ill: _____

Animal is currently: Alive Dead Unknown

Animal's vaccine status: Vaccinated, date of vaccine: _____ Unvaccinated or unknown

Records available: Yes No Name of veterinarian or clinic: _____

Animal owner's name, if applicable: _____ Owner's phone: _____

EXPOSURE INFORMATION

Name of person(s) exposed: _____ Phone: _____

Home address of person(s) exposed: _____

Date of exposure: _____ Location of exposure: _____

Location of bite/scratch on human body: _____

Exposure type: Bite Saliva Scratch Other: _____

Describe incident details: _____

If completing this form by hand, please submit it along with rabies vaccination records to
Whitman County Public Health's Disease Prevention Team via one of the following:

Email | DiseasePrevention@whitmancounty.gov Fax | 509.397.6239