# Potential Human Rabies Exposure Case Report Form

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
Division of Infectious Disease, Communicable Disease Control Section  
Potential Human Rabies Exposure Case Report Form  
(Note: Report possible rabies exposure first using morb card; after information is available complete this form.)

## DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Patient’s last name</th>
<th>First name</th>
<th>Phone (_____)</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Street address</th>
<th>City</th>
<th>ZIP Code</th>
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<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Age</th>
<th>Sex</th>
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<table>
<thead>
<tr>
<th>Race</th>
<th>Ethnic origin</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Occupation</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of bite (mo/day/yr)</th>
<th>Phone (_____)</th>
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## EXPOSURE CHARACTERISTICS

### Type of exposure

- Bite (anatomical site)
- Non-bite (contamination of open cut with saliva or nervous tissue)
- Non-bite (scratch or abrasion)
- Non-exposure (petting, handling, blood contact)

### Where was person exposed?

- Urban
- Rural

<table>
<thead>
<tr>
<th>Address where exposed</th>
<th>County</th>
<th>State</th>
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### Animal species

- Bat
- Fox/coyote
- Rodent (rat, mouse, gerbil, guinea pig, hamster, squirrel, etc.)
- Cat
- Livestock
- Skunk
- Dog
- Rabbit/hare
- Other
- Ferret
- Raccoon

### Was the animal?

- Wild
- Domesticated

### Domestic animal ownership

- Patient’s family
- Other person
- Stray

### Was the animal vaccinated for rabies?

- Not vaccinated
- Up-to-date on rabies vaccination
- Previously vaccinated for rabies, but not up-to-date
- Unknown

### Did the animal exhibit signs of rabies (check all that apply) such as –

- Unusual aggression
- Excess salivation
- Impaired locomotion
- Wild animal with no fear of people
- Paralysis
- Other
EXPOSURE CHARACTERISTICS (CONTINUED)

Provoked/unprovoked (if dog, cat or ferret)

- Provoked (The bite is considered provoked if the animal is placed in a situation in which an expected reaction would be to bite, for example, invading an animal’s territory, attempting to pet or handle an unfamiliar animal, startling an animal, running or bicycling past an animal, assisting an injured or sick animal, attempting to separate two fighting animals, trying to capture an animal or removing food, water or other objects from an animal.)
- Unprovoked (The bite is unprovoked if there is no apparent reason.)

Describe the exposure incident ____________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Disposition of animal  
- ☐ Tested for rabies  
- ☐ Confined/Quarantined ___ days  
- ☐ Unavailable for either

If tested, what were results?  
- ☐ Positive  
- ☐ Negative  
- ☐ Unsatisfactory

If confined, did the animal survive the confinement period?  
- ☐ Yes  
- ☐ No

RABIES POST-EXPOSURE TREATMENT

Was the person previously vaccinated against rabies?  
- ☐ Yes  
- ☐ No

Where did the patient first receive a rabies PEP recommendation for this exposure?  
- ☐ Health care provider  
- ☐ Local health department  
- ☐ Other____________________

Was rabies post-exposure prophylaxis started?  
- ☐ Yes  
- ☐ No

Who made final recommendation on rabies PEP?  
- ☐ Health care provider  
- ☐ Local health department  
- ☐ Other____________________

Was the series completed?  
- ☐ Yes  
- ☐ No

Where was rabies PEP received?  
- ☐ Animal was tested negative for rabies  
- ☐ Patient refused further treatment  
- ☐ Patient was lost to follow-up  
- ☐ Other____________________

Payment source  
- ☐ Private insurance  
- ☐ Medicaid  
- ☐ Worker’s compensation  
- ☐ Out-of-pocket  
- ☐ No source of payment

Rabies PEP treatment  

<table>
<thead>
<tr>
<th>Name of treatment</th>
<th>Date administered (mo/day/yr)</th>
<th>Body site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies immune globulin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First vaccine dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second vaccine dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third vaccine dose</td>
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<td></td>
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<tr>
<td>Fourth vaccine dose</td>
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<td></td>
</tr>
<tr>
<td>Fifth vaccine dose</td>
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Was the series completed?  
- ☐ Yes  
- ☐ No  

Person started but did not complete series because –

Where was rabies PEP received?  
- ☐ Animal was tested negative for rabies  
- ☐ Patient refused further treatment  
- ☐ Patient was lost to follow-up  
- ☐ Other____________________

Submitted by __________________________(Name) _______________________________(organization) ________________(date)