

ALABAMA DEPARTMENT OF PUBLIC HEALTH RABIES EXPOSURE REPORT

ALABAMA
PUBLIC
HEALTH

SUBMITTER INFORMATION

Date of Report: _____ Time of Report: _____ Medical Facility: _____

Physician/Provider's Name: _____

Contact Person: _____ Phone: _____

Physician: _____ Primary Phone: _____

Address: _____

VICTIM

Name: _____ DOB: ____/____/____ Sex: ____

Parent (If Minor): _____ Employer: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

EXPOSURE

Date of Exposure: ____/____/____

Type of Exposure: Bite Scratch Other: _____ Provoked Unprovoked

Part of Body Exposed: _____ Exposure Confirmed By Physician? Yes No Date: ____/____/____

ANIMAL

Dog Cat Bat Other: _____ Breed/Description: _____

Vaccinated: No Yes Unknown If yes: One Year Three Year Date: ____/____/____

Veterinarian: _____

OWNER

Name: _____ Employer: _____

County: _____ Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____