



REPORT of POTENTIAL HUMAN EXPOSURE TO RABIES
(To Be Completed by Healthcare Provider or Healthcare Staff – Please Print)

**Division of Public Health
Office of Infectious Disease Epidemiology**

FAX: 302-622-4149

VICTIM

Name: _____ ☐ M ☐ F DOB ____/____/____ Age _____
First Last Parent/Guardian Name if < 18yrs

License # of Victim or Parent/Guardian (If victim < 18 years): _____

Address (No PO Box): _____
Street City State Zip Phone

Date of Incident: _____ Wound Location: _____
MM/DD/YY (Hand, Arm, Leg, Face, etc.)

Wound Severity: ☐ Scratch (tooth) ☐ Scratch (nail) ☐ Bite ☐ Laceration ☐ Puncture Wound

Treatment: ☐ Basic Wound Care ☐ Tetanus ☐ Sutures ☐ Antibiotics ☐ Rabies Vaccine and HRIG

Address or Location of Incident: _____

Brief Description of How Incident Occurred: _____

ANIMAL

☐ Dog ☐ Cat ☐ Other _____
Species & Description of Animal

Owner Known: ☐ No ☐ Yes If Yes, please provide animal owner's information below.

☐ Family Pet ☐ Neighbor's Pet ☐ Stray

Name: _____ Daytime Phone: _____

Address: _____
Street City State Zip

NOTE: An Animal Control Officer will be visiting the residence of both the bite victim AND the pet owner in an effort to prevent rabies transmission and minimize the incidence of rabies disease.

For Human Rabies Disease Prevention Information
DPH Rabies Hotline: 866-972-9705 or 302-744-4995

DPH, Office of Animal Welfare: 302-255-4646

Name of Person Taking Information: _____ Date: _____
First Last MM/DD/YY

Name of Hospital or Reporting Facility: _____ Phone: _____