

RABIES POST EXPOSURE PROPHYLAXIS ADMINISTRATION REPORTING FORM FOR INDIVIDUALS NOT PREVIOUSLY IMMUNIZED

Client Information	Health Care Provider Information
Name:	Name:
DOB:	Phone:
Phone:	

Once chart is completed: 1) Provide a copy to the patient
2) Fax a copy to the Health Unit 226-783-2113

Day	Agent	Date Scheduled	Dose/Site	Lot #	Expiry Date	Date Administered	Signature
Day 0	Immune Globulin						
	1 st Rabies Vaccine						
Day 3	2 nd Rabies Vaccine						
Day 7	3 rd Rabies Vaccine						
Day 14	4 th Rabies Vaccine						
Day 28	5 th Rabies Vaccine (Immunocompromised persons only)						

For further information, refer to the Canadian Immunization Guide. Inquiries from Health Care Providers contact: Windsor-Essex County Health Unit Immunization Department, 1005 Ouellette Ave. Windsor ON N9A4J8 (519) 258-2146 Ext. 1121 or vaccine@wechu.org