

Windsor-Essex County Health Unit Rabies Investigation Form

Victim Information (Bite, Non-Bite, Bat Exposures)

Full Name: _____

Full Address: _____

Main Phone Number: _____

Date of Birth: _____ Male/Female _____ Weight: _____

Date of Incident: _____

Describe Incident: _____

Wound and Emergency Information

Location of Injury

Head Arm Leg Foot Other

Please Describe: _____

Right: Left:

Type of Wound

Bite Scratch Bleeding Broken Skin Other

Please Describe: _____

Medical Treatment

Where: _____ Date of Treatment: _____

Stitches:

Tetanus Up to Date:

Family Physician: _____

Animal Owner Information

Full Name: _____

Full Address: _____

Phone Number: _____

Type of Animal: _____

Information Not Provided:

For Hospital Use ONLY

Date:	Imovax RabAvert Other RIG	Lot Number	Expiry Date	Vials Dispensed:
Date:	Imovax RabAvert Other RIG	Lot Number	Expiry Date	Vials Dispensed:

**Please fax or email this completed form to the
Environmental Health Department at 226-783-2113 or rabiesfax@wechu.org.
If you have questions regarding this form please call 519-258-2146 ext. 4475.**