VERMONT
DEPARTMENT OF HEALTH

Rabies Postexposure Prophylaxis Report Form

VDH Use Only: #_____

Reporting Information

Date of report: __ __/__ __/__ __

Name of person reporting: _____   Phone: (__ __ __) __ __ __ - __ __ __ __

Facility/Institution: _____   Provider (if not reporter): _____

Patient Information

Last name: _____   First name: _____   MI: ____

Street address: _____   Town: _____

State: __ __   Zip: __ __ __ __ __   Phone: (__ __ __) __ __ __ - __ __ __ __

Sex: □ Male □ Female □ No answer   Age: _____   Date of birth: __ __/__ __/__ __ __ __

Clinical Information

□ Vaccine   □ Vaccine + Immune globulin (RIG)   Is the patient immunosuppressed? □ Yes □ No □ Unknown

Date of vaccine (first dose): __ __/__ __/__ __

Date of (RIG):   □ Same date as vaccine   □ Other date, specify: __ __/__ __/__ __

Has the patient ever received rabies vaccine before? □ Yes   □ No   □ Unknown

If yes, reason: □ Animal professional   □ Travel □ Previous rabies exposure   □ Other:_____

Exposure Information

Date of exposure: __ __/__ __/__ __   Geographic location of exposure: _____

Type of exposure: □ Bite   □ Mucous membrane   □ Saliva or brain tissue into wound   □ Scratch   □ Unknown
□ Bat in bedroom   □ Other: _____

Exposure site: □ Leg   □ Head   □ Torso   □ Arm   □ Hand/Finger   □ Unknown
□ Other: _____

Animal type: □ Raccoon   □ Skunk   □ Bat   □ Fox   □ Woodchuck   □ Bobcat
□ Cow   □ Cat   □ Horse   □ Sheep   □ Dog   □ Ferret
□ Unknown   □ Other: _____

Animal status: □ Owned   □ Stray   □ Wild   □ Unknown

If owned, owner's name: _____   Owner telephone: (__ __ __) __ __ __ - __ __ __ __

Animal disposition: □ 10-day confinement □ Euthanized and tested □ At large/unavailable □ Unknown

Describe exposure scenario:

Has a Town Health Officer been notified? (required for animal bites): □ Yes   □ No   □ Unknown

Fax or scan form to (802) 951-4061 or AHS.VDHEpiLabRabies@vermont.gov.
Direct questions to the Infectious Disease Epidemiology Program (802) 863-7240.

Ver. 6

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