Animal Bite and Bat Contact

COUNTY

Case Report Form

FOR STATE USE ONLY #

initial report date____/____/____

animal species_____

CASE IDENTIFICATION—PERSON BITTEN

Name _____ Phone(s) _____
LAST, first, initials (a.k.a.) indicate home (H); work (W); message (M)

Address _____
Street City County Zip

e-mail address _____

ALTERNATIVE CONTACT: ☐ Parent ☐ Spouse ☐ Household Member ☐ Friend_____

Name _____ Phone(s) _____
indicate home (H); work (W); message (M)

Address _____
Street City Zip

SOURCES OF REPORT *(check all that apply)*

☐ Vet ☐ Citizen ☐ Physician

☐ Other _____

Name _____

Phone _____

Date ___/___/___ Time ___:___ ☐ am ☐ pm
(first report)

Victim's M.D. _____
(if different)

Phone _____

DEMOGRAPHICS

SEX ☐ female ☐ male

DATE OF BIRTH ____/____/____
m d y

or, if unknown, AGE _____

HISPANIC ☐ yes ☐ no ☐ unknown

RACE

☐ White ☐ American Indian

☐ Black ☐ Asian/Pacific Islander

☐ unknown ☐ refused to answer

☐ other _____

Worksites/school/daycare_____

_____

Occupations/grade _____

BITE OR OTHER EXPOSURE

date ____/____/____ time _____ am pm ☐ provoked ☐ unprovoked

Describe location and nature of injuries

Describe circumstances

ABOUT THE ANIMAL

OWNERSHIP

☐ victims's household pet
☐ acquaintance's pet
☐ stranger's pet
☐ stray
☐ wild
☐ unknown
☐

RABIES IMMUNIZATION HX

☐ unknown
☐ unvaccinated
☐ vaccinated; current
☐ vaccinated; not current

last shot given ____/____/____

manufacturer _____

Description of animal (age, sex, breed, relevant history)

Owner _____ Phone(s) _____

Address _____

DISPOSITION OF ANIMAL AND RECOMMENDATIONS

PLAN FOR ANIMAL

☐ lost to follow-up
☐ hold for 10-day observation
☐ discard/release (no risk)
☐ send head to lab (batch)
☐ send head to lab (express)
☐ refer to Vet. Diagnostics
☐ home "quarantine"
☐ shelter "quarantine"
☐ _____

TEST RESULTS

☐ not tested
☐ negative
☐ unsatisfactory
☐ positive

LABORATORY

☐ OSPHL (Portland)
☐ VDL (Corvallis)
☐ CDC

Additional Information (transportation details, etc.)

PATIENT'S NAME ▸

FIRST AID/MEDICAL FOLLOW-UP FOR VICTIM

ROUTINE FOLLOW-UP

- ☐ wound cleaned with soap and water
- ☐ disinfectant applied
- ☐ medical attention required
- ☐ tetanus immunization status checked
- ☐ victim cautioned about risk of infection
- ☐ antibiotic prophylaxis (NB: not always indicated)

POST-EXPOSURE RABIES PROPHYLAXIS

Recommended by Local Public Health Authority? ☐ yes ☐ no

Given to victim? ☐ yes ☐ no ☐ unknown

Comments

ADMINISTRATION

Remember to copy patient's name to the top of this page.

Date case report sent to OHA: ____/____/____

Completed by _____ Date _____ Phone _____ Investigation sent to OHA on ____/____/____