

Hospital/Health Care Provider Rabies PEP Report Form

Human Rabies Exposure and PEP Decision

Westchester County DOH – **FAX to 914-813-5182**

Exposure History & Treatment Decision

Date Reported : _____

Reported By: (Name of person making report) _____ Date bitten/exposed: _____

Facility Name: _____ Other (specify) _____

Patient Name _____ Date of Birth ____ / ____ / ____ Age ____ Sex ____
(Last) (First)

Address _____

Telephone _____ Other contact info: _____

Bite/Mucus Membrane exposure: YES Type of animal: _____ NO Other _____

Type of attack: Provoked YES NO Unknown Site of exposure _____

Behavior of animal: Change in behavior Normal behavior (Other) _____

Owned/domesticated animal Known rabid animal: (Explain) _____

Summary of exposure/Instructions Provided: (Use progress note if additional space is needed or attach copy of assessment notes):

Treating Provider Rabies Post Exposure Prophylaxis Determination

(This does NOT constitute a WCDH determination that NYSDOH/CDC criteria for Rabies PEP have been met)

Based on the use of the Rabies PEP algorithm, the following is my determination regarding the need for Rabies PEP:

Meets NYSDOH and CDC criteria for use of Rabies biological for PEP Administered: Yes No: (Document reason above)

Does not meet criteria for immediate use of rabies PEP. Animal submitted for testing/observation.

Does **not** meet the NYSDOH and CDC criteria for use of Rabies biological for PEP

Plans for Follow Up PEP

Treating Healthcare Provider
(For follow up treatment) _____

Address & Phone #: _____

Report completed by: _____ Date: _____

FOR USE BY WCDH STAFF ONLY

Rabies Log #: _____ Follow up and determination if RPEP use criteria are met: _____

Signature / Date