



**Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
Division of Infectious Disease**

Human Rabies Post-Exposure Prophylaxis (PEP) Reporting Form

Reporting Information

Date of report: _____ / _____ / _____
 Name of person reporting: _____ Title: _____
 Agency/institution: _____ Phone: _____

Patient Information

Name (First, MI, Last): _____
 Street address: _____
 Town: _____ State: _____ Zip: _____
 County: _____ Phone: _____ - _____ - _____
 Date of birth: _____ / _____ / _____ Age: _____ Gender: Male Female
 Race: White Black/Af Am Native Amer/Alask Asian Native Hawaiian/Pacific Islander Other Unk
 Ethnicity: Hispanic Non-Hispanic Unk

Provider Information

Name: _____ Phone: _____ - _____ - _____

PEP Administered

Vaccine Vaccine + Immune globulin

Facility name: _____
 Type of facility: Emergency room Outpatient clinic Private physician's office Other: _____
 Date of vaccine (first dose): _____ / _____ / _____
 Date of RIG: Same date as vaccine Other date, specify: _____ / _____ / _____

Exposure Information

Date of exposure: _____ / _____ / _____ Town of exposure: _____
 Type of exposure: Bite Scratch Mucous membrane Unknown
 Other: _____
 Exposure site: Leg Face Trunk Arm Hand/Finger
 Other: _____
 Index animal type: Cat Dog Ferret Horse Cow Sheep
 Raccoon Skunk Fox Bat Woodchuck Unknown
 Other: _____
 Animal Status: Owned Stray Wild Unknown
 If owned, owner's name: _____ Owner telephone: _____ - _____ - _____
 Animal Disposition: 10 day confinement Euthanized and tested Unknown

Describe exposure scenario: _____

Has an Animal Control Officer or other responder been contacted? Yes No Unknown
 Name of Officer: _____ Officer telephone: _____ - _____ - _____

Clinical Information

Is the patient immunosuppressed? Yes No Unknown
 Has the patient ever received rabies vaccine? Yes No Unknown
 If yes, reason: Animal professional Travel Previous rabies exposure Other: _____

Fax form to Division of Infectious Disease at (800) 293-7534