

**New Jersey Department of Health and Senior Services
REPORT OF RABIES POST-EXPOSURE TREATMENT**

To be completed by the treating physician or hospital representative at the completion of treatment; forward to the local health officer where the patient resides.

Name of Patient (Last, First, MI) _____ / _____ / _____ Last First MI			Date of Birth ____ / ____ / ____ Mo Da Yr		Age ____ Years	If Less Than 2 Years: ____ Months
Home Mailing Address of Patient				Sex 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unknown	Telephone Number ()	
Municipality of Residence	Munic. of Res. Code	Municipality Where Exposure Occurred			Munic. of Exp. Code	
County Where Exposure Occurred		Hospital Where Treatment Initiated				
Name of Treating Physician				Telephone Number		
Type of Human Exposure (Check All that apply) 1 <input type="checkbox"/> Multiple Bite 2 <input type="checkbox"/> Single Bite 3 <input type="checkbox"/> Scratch 4 <input type="checkbox"/> Contamination of an abrasion, cut, open wound or mucous membranes with SALIVA or CNS fluid 5 <input type="checkbox"/> Contamination of an abrasion, cut, open wound or mucous membranes with BLOOD 6 <input type="checkbox"/> Other (Specify): _____ 9 <input type="checkbox"/> Unknown				Part of Body Exposed (Check All that apply) 1 <input type="checkbox"/> Face/Neck/Head 2 <input type="checkbox"/> Finger 3 <input type="checkbox"/> Hand/Foot 4 <input type="checkbox"/> Leg/Arm 5 <input type="checkbox"/> Trunk 8 <input type="checkbox"/> Other (Specify): _____		
Type of Rabid/Suspect Rabid Animal Involved in Exposure 01 <input type="checkbox"/> Bat 06 <input type="checkbox"/> Skunk 11 <input type="checkbox"/> Groundhog 16 <input type="checkbox"/> Ferret 02 <input type="checkbox"/> Cat 07 <input type="checkbox"/> Fox 12 <input type="checkbox"/> Opossum 97 <input type="checkbox"/> Other (Specify): _____ 03 <input type="checkbox"/> Dog 08 <input type="checkbox"/> Rat 13 <input type="checkbox"/> Muskrat 98 <input type="checkbox"/> Unknown 04 <input type="checkbox"/> Raccoon 09 <input type="checkbox"/> Chipmunk 14 <input type="checkbox"/> Mole 99 <input type="checkbox"/> Blank 05 <input type="checkbox"/> Squirrel 10 <input type="checkbox"/> Rabbit 15 <input type="checkbox"/> Horse						
Circumstances of Exposure (Check All that apply) 1 <input type="checkbox"/> Completely unprovoked attack by rabid/suspect rabid animal 2 <input type="checkbox"/> Attacked while entering area guarded by rabid/suspect rabid animal 3 <input type="checkbox"/> Provoked attack (feeding/petting/touching/playing/picking up/treating/ nursing/examining/consoling rabid or suspect rabid animal) 4 <input type="checkbox"/> Treating/nursing/examining/consoling pet/animal which had conflict with suspect rabid animal 5 <input type="checkbox"/> Skinning/dressing rabid/suspect animal carcass 8 <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> Unknown						
Date of Exposure ____ / ____ / ____ Mo Da Yr			Date Treatment Begun ____ / ____ / ____ Mo Da Yr			
Rabies Status of Exposing Animal 1 <input type="checkbox"/> Tested positive 2 <input type="checkbox"/> Tested negative 3 <input type="checkbox"/> Under confinement 4 <input type="checkbox"/> Not available 5 <input type="checkbox"/> Testing requested but owner did not permit 8 <input type="checkbox"/> Other (Specify): _____			Type of Treatment 1 <input type="checkbox"/> HRIG plus 5 doses of vaccine 2 <input type="checkbox"/> 2 doses of vaccine (for prevaccinated individuals) 3 <input type="checkbox"/> Incomplete course (treatment stopped after animal determined to be negative for rabies) 4 <input type="checkbox"/> Incomplete course (treatment stopped by patient) 5 <input type="checkbox"/> Treatment course initiated but patient lost to follow up 8 <input type="checkbox"/> Other treatment (Specify): _____ 9 <input type="checkbox"/> Unknown			
Name of Person Submitting Report			Title			
Signature				Telephone Number		
Name of Reporting Health Officer/Representative				Date Initially Reported		
Name of Health Department						