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)	Date of Birth	Age	If Less Than 2 Years:
Last First MI	___ / ___ / ___ Mo Da Yr	Years	Months

Home Mailing Address of Patient	Sex 1 ☐ Male 2 ☐ Female 9 ☐ 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 ☐ Multiple Bite
2 ☐ Single Bite
3 ☐ Scratch
4 ☐ Contamination of an abrasion, cut, open wound or mucous membranes with **SALIVA** or **CNS** fluid
5 ☐ Contamination of an abrasion, cut, open wound or mucous membranes with BLOOD
6 ☐ Other (Specify) _____
9 ☐ Unknown

Part of Body Exposed (Check All that apply)
1 ☐ Face/Neck/Head
2 ☐ Finger
3 ☐ Hand/Foot
4 ☐ Leg/Arm
5 ☐ Trunk

8 ☐ Other (Specify) _____

Type of Rabid/Suspect Rabid Animal Involved in Exposure
01 ☐ Bat   06 ☐ Skunk   11 ☐ Groundhog   16 ☐ Ferret
02 ☐ Cat   07 ☐ Fox   12 ☐ Opossum   97 ☐ Other (Specify) _____
03 ☐ Dog   08 ☐ Rat   13 ☐ Muskrat   98 ☐ Unknown
04 ☐ Raccoon   09 ☐ Chipmunk   14 ☐ Mole   99 ☐ Blank
05 ☐ Squirrel   10 ☐ Rabbit   15 ☐ Horse

Circumstances of Exposure (Check All that apply)
1 ☐ Completely unprovoked attack by rabid/suspect rabid animal
2 ☐ Attacked while entering area guarded by rabid/suspect rabid animal
3 ☐ Provoked attack (feeding/petting/touching/playing/picking up/treating/ nursing/examining/consoling rabid or suspect rabid animal)
4 ☐ Treating/nursing/examining/consoling pet/animal which had conflict with suspect rabid animal
5 ☐ Skinning/dressing rabid/suspect animal carcass
8 ☐ Other (Specify) _____
9 ☐ Unknown

Date of Exposure	Date Treatment Begun
___ / ___ / ___ Mo Da Yr	___ / ___ / ___ Mo Da Yr

Rabies Status of Exposing Animal

1 ☐ Tested positive
2 ☐ Tested negative
3 ☐ Under confinement
4 ☐ Not available
5 ☐ Testing requested but owner did not permit

8 ☐ Other (Specify) _____

Type of Treatment
1 ☐ HRIG plus 5 doses of vaccine
2 ☐ 2 doses of vaccine (for prevaccinated individuals)
3 ☐ Incomplete course (treatment stopped after animal determined to be negative for rabies)
4 ☐ Incomplete course (treatment stopped by patient)
5 ☐ Treatment course initiated but patient lost to follow up
8 ☐ Other treatment(Specify) _____
9 ☐ Unknown

Name of Person Submitting Report	Title

Signature	Telephone Number

Name of Reporting Health Officer/Representative	Date Initially Reported

Name of Health Department	