



Westchester County Department of Health  
 Division of Disease Control – Hospital/HealthCare Provider Report  
**Human Rabies Case Investigation and PEP Record**

**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**

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