



# Hospital/Health Care Provider Human Rabies Exposure & PEP Decision Form

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):

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## 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