Animal Exposure Case Report Human Patients Only (Confidential)

Philadelphia Department of Public Health Division of Disease Control

Communicable Disease Control Program 500 S. Broad Street, Philadelphia, PA. 19146 Form available at hip.phila.gov

City of
Philadelphia
LIFE . LIBERTY . AND YOU"

			l Information			
Report Date (Mo., Day, Yr.)		Parent or caretake	er (if applicable)			
/ /						
//				<u> </u>		
Address (Number, Street, Apt #,			Telephone			
					(Home)	
DOD ///- Day V//	A TO COV		Occupation		(Cell)	
DOB <i>(Mo., Day, Yr.)</i> Age Sex ☐ Male ☐ Female			Occupation	Occupation		
Name of Employer or School			(Work) Employer/School Address (Number, Street, City, Zip Code)			
Name of Employer of Sonse.			Lilipioyol, co	or Address (Han.	er, oncor, on,, =,,	couc,
		- Maritina				
To a of Francisco			I Information	- 5		Catal (about one)
Type of Exposure Date Exposure						Fatal (check one)
☐ Bite ☐ Bat Exposure		l / /			☐ No treatment☐ Unknown	□ No □ Yes
☐ Scratch ☐ Other			Antibiotics Rabies treatment		Ulikilowii	Date of Death
Part of Body Bitten	If Case Ho	ospitalized (Name of		umem	Admission Date	Discharge Date
		Jophanzoa (Manie II	Ποοριαί		, (3111105.51. 2.2.2	pioonargo zare
	Cir	cumstances Surre	ounding Anima	al Exposure		
The attack was (check one)						
☐ Unprovoked ☐ Provoked	d					
		Anin	nal Information			
		_				-
Animal Type	Animal Name	Animal Breed	Animal Color		Sex	Spayed or Neutered?
☐ Dog ☐ Bat _	Animal Name	_			_	
☐ Dog ☐ Bat ☐ Racoon	Animal Name	_			Male	□No
□ Dog □ Bat □ Cat □ Racoon □ Other □		_	Animal Color		☐ Male ☐ Female	☐ No ☐ Yes
☐ Dog ☐ Bat ☐ Cat ☐ Racoon ☐ Other Did the animal exhibit any unusu	ual symptoms?	_	Animal Color Animal Belongs		☐ Male ☐ Female	□No
☐ Dog ☐ Bat ☐ Cat ☐ Racoon ☐ Other ☐ Did the animal exhibit any unusu ☐ No, animal appeared healthy	ual symptoms?	_	Animal Color Animal Belongs Household?	s to Patient's	☐ Male ☐ Female County Where Anir	☐ No ☐ Yes
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes	ual symptoms?	_	Animal Color Animal Belongs Household?		☐ Male ☐ Female County Where Anir ☐ Philadelphia	☐ No ☐ Yes
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain:	ual symptoms? y	_	Animal Color Animal Belongs Household? No Yes	s to Patient's	Male Female County Where Anir Philadelphia Other	☐ No ☐ Yes mal Exposure Occurred
Dog Bat Cat Racoon Other Did the animal exhibit any unusu No, animal appeared healthy Yes Please explain: Current Location of Animal (chec	ual symptoms? y ock one)	Animal Breed	Animal Color Animal Belongs Household?	s to Patient's	☐ Male ☐ Female County Where Anir ☐ Philadelphia ☐ Other Animal Rabies Vac	☐ No ☐ Yes mal Exposure Occurred
Dog Bat Cat Racoon Other Did the animal exhibit any unusu No, animal appeared healthy Yes Please explain: Current Location of Animal (checo	ual symptoms? y ock one)	Animal Breed	Animal Color Animal Belongs Household? No Yes	s to Patient's	☐ Male ☐ Female County Where Anir ☐ Philadelphia ☐ Other Animal Rabies Vac	☐ No ☐ Yes mal Exposure Occurred
Dog Bat Cat Racoon Other Did the animal exhibit any unusu No, animal appeared healthy Yes Please explain: Current Location of Animal (chec	ual symptoms? y ck one) ACCT ess Veteri	Animal Breed	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	☐ No ☐ Yes mal Exposure Occurred
□ Dog □ Bat □ Cat □ Racoon □ Other □ □ No, animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: □ Owner □ Unknown/No follow-up addres □ Stray	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed anarian's Office tting for Rabies Test	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	☐ Male ☐ Female County Where Anir ☐ Philadelphia ☐ Other Animal Rabies Vac	No Yes mal Exposure Occurred ccine Current?
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checon) □ Owner □ Unknown/No follow-up addrecon) □ Stray Name of Owner	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	☐ No ☐ Yes mal Exposure Occurred
□ Dog □ Bat □ Cat □ Racoon □ Other □ □ No, animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: □ Owner □ Unknown/No follow-up addres □ Stray	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed anarian's Office tting for Rabies Test	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	No Yes mal Exposure Occurred ccine Current?
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checon) □ Owner □ Unknown/No follow-up addrecon Stray Name of Owner □ Same as victim	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	No Yes mal Exposure Occurred ccine Current?
Dog Bat Cat Racoon Other Racoon No, animal appeared healthy Yes Please explain: Current Location of Animal (checology) Owner Unknown/No follow-up address Stray Name of Owner Same as victim	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	No Yes mal Exposure Occurred ccine Current?
□ Dog □ Bat □ Cat □ Racoon □ Other □ □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checon) □ Owner □ Unknown/No follow-up addrecon □ Stray Name of Owner □ Same as victim □ Other	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac	No Yes mal Exposure Occurred ccine Current?
□ Dog □ Bat □ Cat □ Racoon □ Other □ □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checon) □ Owner □ Unknown/No follow-up addrecon □ Stray Name of Owner □ Same as victim □ Other	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute	s to Patient's Unknown Animal ID#	☐ Male ☐ Female County Where Anir ☐ Philadelphia ☐ Other Animal Rabies Vac ☐ No ☐ Yes Date vaccinated:	No Yes mal Exposure Occurred ccine Current?
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checonomy) □ Unknown/No follow-up addreconomy □ Stray Name of Owner □ Same as victim □ Other □ Other	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute treet, City, Zip Color Information Reporter ICP ED	s to Patient's Unknown Animal ID#	☐ Male ☐ Female County Where Anir ☐ Philadelphia ☐ Other Animal Rabies Vac ☐ No ☐ Yes Date vaccinated:	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
Dog Bat Cat Racoon Other No, animal appeared healthy Yes Please explain: Current Location of Animal (checology) Unknown/No follow-up addres Stray Name of Owner Same as victim Other	ual symptoms? y ck one) ACCT ess Veteri Submit	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute treet, City, Zip Color Information Reporter ICP ED	s to Patient's Unknown Animal ID#	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated:	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checonomy) □ Unknown/No follow-up addreconomy □ Stray Name of Owner □ Same as victim □ Other □ Other	ual symptoms? y ck one) ass ACCT Submit Address of	Animal Breed narian's Office tting for Rabies Test of Owner (Number, St	Animal Color Animal Belongs Household? No Yes ACCT/Institute Treet, City, Zip Color Information Reporter ICP ED Reporting Instit	s to Patient's Unknown Animal ID# de) Veterinarian Other ution Address (Nu	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated: ACCT	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checonomy) □ Unknown/No follow-up addreconomy □ Stray Name of Owner □ Same as victim □ Other □ Other	ual symptoms? y ck one) ess	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Sa	Animal Color Animal Belongs Household? No Yes ACCT/Institute Treet, City, Zip Color Information Reporter ICP ED Reporting Instit	s to Patient's Unknown Animal ID# de) Veterinarian Other ution Address (Nu	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated: ACCT	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
□ Dog □ Bat □ Cat □ Racoon □ Other □ Did the animal exhibit any unusu □ No, animal appeared healthy □ Yes Please explain: Current Location of Animal (checonomy) □ Unknown/No follow-up addreconomy □ Stray Name of Owner □ Same as victim □ Other □ Other Name of Person Reporting Case	ual symptoms? y ck one) ess	Animal Breed Inarian's Office Itting for Rabies Test Of Owner (Number, Si	Animal Color Animal Belongs Household? No Yes ACCT/Institute Treet, City, Zip Color Information Reporter ICP ED Reporting Instit	S to Patient's Unknown Animal ID# Ide) Veterinarian Other Station Address (Nui	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated: ACCT	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
Dog Bat Cat Racoon Other Did the animal exhibit any unusu No, animal appeared healthy Yes Please explain: Current Location of Animal (check) Owner Unknown/No follow-up addred Stray Name of Owner Same as victim Other Name of Person Reporting Case	ual symptoms? y ck one) ass	Animal Breed Inarian's Office Itting for Rabies Test of Owner (Number, Si Reporte Reporte T WRITE IN AREA B If reporting Fax	Animal Color Animal Belongs Household? No Yes ACCT/Institute active City, Zip Color Information Reporter ICP ICP IED Reporting Instit CELOW - FOR DE	s to Patient's Unknown Animal ID# de) Veterinarian Other tution Address (Number of the control of the contr	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated: ACCT Mer, Street, City, Z	No Yes mal Exposure Occurred ccine Current? // Telephone Telephone
Dog Bat Cat Racoon Other Did the animal exhibit any unusu No, animal appeared healthy Yes Please explain: Current Location of Animal (check) Owner Unknown/No follow-up addrection Stray Name of Owner Same as victim Other Name of Person Reporting Case Reporting Institution Any unusual illness	ual symptoms? y ck one) ass	Animal Breed Inarian's Office Itting for Rabies Test If Owner (Number, Some Seporte) Reporte T WRITE IN AREA Book freporting If Fax Mailers or possible of	Animal Color Animal Belongs Household? No Yes ACCT/Institute ACCT/Institute Treet, City, Zip Color Property Color Reporter ICP ED Reporting Institute Active Surver Surv	S to Patient's Unknown Animal ID# Ide) Veterinarian Other tution Address (Number of Section Address) PARTMENT USE Veillance Veillance	Male Female County Where Anir Philadelphia Other Animal Rabies Vac No Yes Date vaccinated: ACCT Therefore, Street, City, Z	No Yes mal Exposure Occurred ccine Current? / / Telephone Telephone by telephone.