

## **FORM INSTRUCTIONS**

The purpose of this form is to notify the local health department of a potential rabies exposure. This report is required by section 3701-3-28 of the Ohio Administrative Code. This section requires that a report of an animal bite be made to the Health Commissioner of the jurisdiction where the bite occurred within 24 hours of the bite in the same manner as the reporting of class A diseases. Completing and faxing/electronic transmission (emailing) this form fulfills that obligation. If you have any questions completing this form, please contact the Clark County Combined Health District at (937) 390-5600.

## **VICTIM INFORMATION**

**Victim Name and Information:** Enter the name and address of the victim in this area. Accurate information is critical for proper notification to the health department. If the victim is a minor, please indicate the information for the parent or guardian, including the relationship of the parent or guardian and associated address.

**Date of Exposure/bite:** Enter the date of the animal bite or exposure as reported by the victim.

**Victim Gender and Age:** Enter the victim's sex and age in this area.

## **TREATMENT INFORMATION**

**Reported by:** Enter the name, organization, and telephone number of the individual making this report.

**Medical Treatment, Treatment Provided By and Date of Treatment:** Check "Yes" if medical treatment was provided as result of this animal bite, If treatment was provided, indicated the treating physician and the date treatment was provided.

**Type of Injury:** Indicate a brief description fo the injury and the location of the injury(ies) on the victim's body.

**Rabies Post-Exposure Treatment Started:** Please indicate whether rabies vaccine series was started.

## **ANIMAL/OWNER INFORMATION**

**Species, Sex, Description:** Enter the species, sex and a brief description (color, size, etc) of the animal in this section. Complete this section with as much information as available at the time of treatment. If the animal is unowned, check the box for "Stray".

**Animal Owner Name, address, and phone number:** Complete this information with the animal owner's name, address, and phone number as reported by the victim. Accurate information is important to be able to identify the animal and place the animal under quarantine.

**Animal's Rabies Vaccination Current:** Please check "Yes" if you have knowledge the animal's rabies vaccination is up to date. Enter any known veterinarian and rabies tag information.

## **DISPOSITION OF ANIMAL**

This section should be completed by the Law Enforcement personnel.

## **NOTIFICATION**

The Ohio Administrative Code requires that notification of an animal bite be made to the Health Commissioner within 24 hours after exposure. Faxing/electronic transmission (emailing) this completed form to the Clark County Combined Health District at 390-5625 fulfills this obligation.