



Non-negligible Rabies Risk Notification

Fax completed referral to Environmental Public Health (EPH) for follow up.

Last Name (Legal)			First Name (Legal)					
Preferred Name □ Last □ First			DOB(dd-Mon-yyyy)					
PHN	ULI □ Same as PHN			MRN				
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X) ☐ Unknown								

Important - Zone contact details on Side B (see reverse). □Non-binary/Prefer not to disclose (X) □ Unknown												
Name of Healthcare Person Completing the Form								Date (dd-Mon-yyyy)				
Attending Clinician				Contact Number		Date of Treatment (dd-Mon-yyyy)						
☐ Emergency/U☐ Other	•	/ Health/Public Health				☐ Physician's Office						
Client Information												
Victim Relationship to Animal Owner												
□ Owner □ Stranger			☐ Friend ☐ Relative									
□ Neighbour □ Animal Handler					□ Other							
Does client live	on reserve? □ No	☐ Ye	S									
Home Address			City			Province		Postal Code	Contact Number			
Mailing Address (if different from home Address) City					Province		Postal Code					
Parent or Guardian Name (if applicable) Contact Nui			mber	Alternat	e Number		Email Address					
Incident Inform	ation (refer to Clinicia	n Risk Alg	gorithm o	n revers	e)							
Date of Incident (dd-Mon-yyyy) Location of Incident Type of Animal (e.g. dog, ca									al (e.g. dog, cat, ferret)			
Animal Type												
	□ Domestic □ Wild			☐ Stray ☐ Domestic Stray								
Site of Exposure					Description of Wound							
□ Arm		□ Foot □ Trunk			□ None - Unbroken Skin □ Deep Wound							
☐ Hand ☐ Head/Neck				☐ Superficial wound - no bleeding ☐ Saliva (lick or splash) ☐ Superficial wound - bleeding								
□ Leg	☐ Mucosal Memb		liont n									
Detient Care Ch					ill or des	troy t	ne ann	IIIai				
	eet Given to Client	/ LI NO	⊔ Ye	S								
Description of Incident												
Note: Ensure tetanus immunization assessment is completed.												
Animal Owner	nformation □	Jnknow	n									
First Name		Last N	lame			Contact Number		Alternate Number				
Address			City	ity			Province	Postal Code				
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21563(Rev2024-11) Side A



Rabies Risk Exposure Assessment - Clinician Rabies Risk Algorithm

Calgary Zone

Fax: 1.844.670.3621 (clients living <u>within Calgary</u> city limits) Fax: 403.943.2385 (clients living <u>outside Calgary</u> city limits) Contact MOH on-call 403.264.5615 (high-risk rabies only)

North Zone

Fax: 1.844.670.3621

Rabies exposure requires urgent phone consultation in the following situations:

a. Transfer out of North Zone for plastics/surgical consultation

b. Surgical (OR) repair of wounds under general anesthetic (GP & FMM sites)

Phone: 1.800.732.8981, ask for EPH on-call.

Central Zone

Fax: 403.398.0737 Phone: 1.866.654.7890

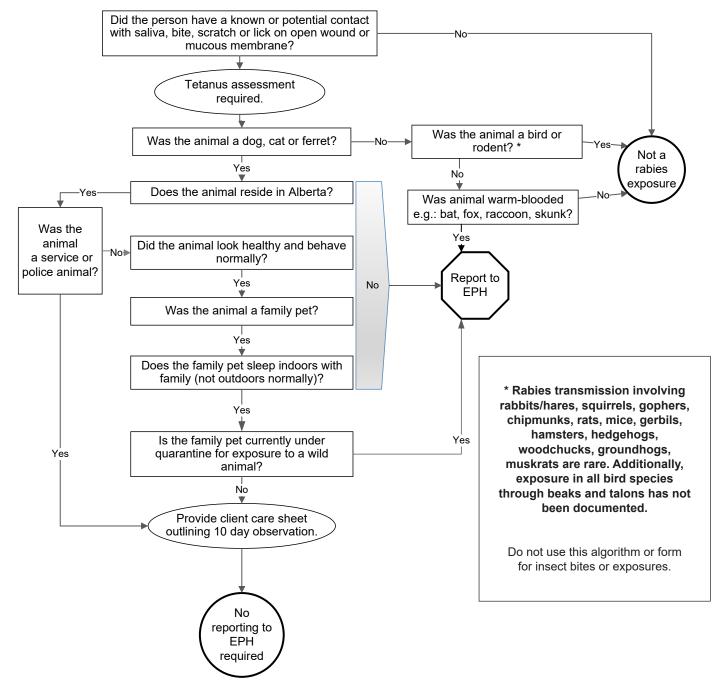
Edmonton Zone

Fax: 780-409-0609 Pager: 780.433.3940

Edm.eph.diseasecontrolteam@ahs.ca

South Zone

Fax: 403.592.4832 Phone: 1.844.388.6691



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