

RABIES CONTROL INVESTIGATION

| | | | |
|---|--|----------------------|---|
| To: | Algoma Public Health Environmental Health Program (Monday to Friday 8:30 am – 4:30 pm) | | |
| Phone Number: | 705-759-5286 Sault Ste. Marie 705-356-2551 Blind River 705-848-2314 Elliot Lake 705-856-7208 Wawa | Fax Number: | 705-541-7346 Sault Ste. Marie (All faxes go to Sault Ste. Marie) |
| Algoma District After Hours Telephone Number is (705) 759-5416 | | | |
| From: (Agency) | | Date: | |
| Contact Person: | | Phone Number: | |

VICTIM INFORMATION

(Affix Personal Identification label here):

| | | | | |
|--|------------------------------|---------------|----------------------------|--|
| Name of Victim: | | | Address: | |
| D.O.B.: | | | Phone Number: | |
| Guardian Name: | | | Address: | |
| Date of Exposure: | | | Circumstances of Exposure: | |
| Family Physician: | | | Attending Physician: | |
| Requesting Rabies Immunoglobulin /Vaccine: | | | | |
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Requested by: | | |
| *****If you have checked Yes to request vaccine, please call the Environmental Health Program at 705-759-5286 to complete your request. For after-hours requests, please call 705-759-5416. ***** | | | | |

OWNER AND ANIMAL INFORMATION

| | | | | |
|--------------------|--|--|-----------------|--|
| Animal Owner Name: | | | Phone Number: | |
| Address: | | | Type of Animal: | |
| Animal Colour: | | | Animal Name: | |

Personal information on this form is collected under the Health Protection and Promotion Act in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purposes of providing public health services.

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