COUNTY OF LOS ANGELES
PUBLIC HEALTH
Acute Communicable Disease Control
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Los Angeles, CA 90012
213-240-7941 (phone)
213-482-4856 (facsimile)
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Rabies Exposure Form
For Healthcare Workers

Patient Name-Last	First	Middle Initial	Date of Birth	Age	Sex

Address- Number, Street, Apt #	City	State	ZIP Code

Telephone Number Home ( )	Work ( )

EXPOSURE PERIOD

Date of last contact to rabies case: _____/_____/_____ (Fill in the date range 11 days from last contact.)

The following questions pertain to the period between _____/_____/_____ and _____/_____/_____.

POSSIBLE WORK EXPOSURE

Occupation	Place of Work	Job Title

Which department(s) did you work during this 11-day period?

Briefly describe your job responsibilities at that time.

1. Given your job responsibilities, did you have contact with a patient's saliva, sputum, or CSF? ☐ Yes ☐ No (Blood, feces, urine not considered infectious for rabies)

   If YES, specify patient name. _____

   Do you recall having had physical contact with this particular patient? ☐ Yes ☐ No

   If YES, specify. _____

   How long did you have contact?_____

   Were you ever bitten by this patient? ☐ Yes ☐ No Were you ever kissed by this patient? ☐ Yes ☐ No

   Other known exposures to his/her saliva, sputum or CSF? ☐ Yes ☐ No

2. Check which of the following patient fluids or secretions you might have had contact given your job responsibilities?

   If CHECKED, would you have worn gloves?

   ☐ Saliva: Gloves? ☐ Yes ☐ No ☐ Sputum: Gloves? ☐ Yes ☐ No

   ☐ CSF: Gloves? ☐ Yes ☐ No ☐ Tears: Gloves? ☐ Yes ☐ No

3. Do you recall having a fresh wound, cut or other break in skin that may have been in contact with a patient's saliva or secretions? ☐ Yes ☐ No

   If YES, specify. _____

   Location of wound, cut or break in skin. _____

   Check which secretions might have had contact with the wound, cut or break in skin? (Check all that apply.)

   ☐ Saliva ☐ Sputum ☐ CSF ☐ Tears

4. Do you recall a patient's secretions coming in contact with your eyes, mouth, or nose (mucous membranes)? ☐ Yes ☐ No

   If YES, check any of the following procedures performed on this patient and indicate the personal protective equipment used.

Performed Procedures	Personal Protective Equipment Used
☐ Intubation	
☐ Lumbar Puncture	
☐ NG Tube Insertion	
☐ Other invasive procedures Specify:	

5. Do you recall any breaks in your gloves while performing the procedures listed in Question 4? ☐ Yes ☐ No

6. Have you ever been immunized against rabies (before or after a potential exposure)? ☐ Yes ☐ No

   If YES, specify date or circumstance. _____

   Which vaccine? _____ Recent titer drawn? ☐ Yes ☐ No Results? _____

7. Are there any potential exposures you're concerned about? ☐ Yes ☐ No If YES, please specify. _____

INVESTIGATOR EVALUATION

Does the healthcare worker warrant getting post-exposure prophylaxis? ☐ Yes ☐ No

CONTACT INFORMATION

Investigator's Name	Agency	Telephone Number ( )	Date Completed