



**CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
RABIES EXPOSURE REPORT
FOR MEDICAL PROVIDERS**

Name: _____ Birth date: _____
 Address: _____ State: _____ Zip: _____
 Phone number: _____ Parent's name: _____
 Exposure date: _____ Time: _____

Type of exposure: bite non-bite mucosal exposure sleeping in room with bat
 provoked unprovoked

Description of animal:
 pet stray wild
 dog cat bat breed _____ other _____

Description of the animal's/ human behavior at the time of the exposure:

Name & address of owner (if known):

Location of the animal (if known):

Treatment:

Vaccines given: Rabies Immune Globulin Rabies Vaccine Tdap Td
Reported to: Local Health Department Animal Control

Staff name completing report: _____ Date: _____

**PLEASE FAX TO THE LOCAL ANIMAL CONTROL OFFICE
AND CMDHD WITHIN 24 HOURS)**

Central Michigan District Health Department Fax Numbers	
Arenac County 989-846-0431	Isabella County 989-773-4319
Clare County 989-539-4449	Osceola County 231-832-1020
Gladwin County 989-426-6952	Roscommon County 989-366-8921

Animal Control Office Fax Numbers	
Arenac County 989-846-9194 ATTN: Animal Control	Isabella County 989-772-0181
Gladwin County 989-426-6321	Osceola County 231-832-6165
Clare County 989-539-4919	Roscommon County 989-275-8732

The following are not considered likely to carry rabies and will not be tested except by special arrangements with MDCH:

**Chipmunks, Guinea Pigs, Mice, Shrew, Muskrats, Gerbils, Hamsters, Rabbits, Squirrels, Voles,
Gophers, Moles, Rats, Prairie Dogs**