BITE INCIDENT REPORT

ALL BITES MUST BE REPORTED COMPLETELY UNDER OAC 3701-3-28

RECORD #		(HE	ALTH DEPT. USE PNLY)		
VICTIM INFORMATION:					
NAME	ADDRESS			PHONE	AGE
If victim is under 18 years old, plo	ease list pa	arent or	guardian below:		
Date of Bite:	Time of Bite: Anatomic		Location of Bite:		
Date Reported:	Time	Reporte	d:		
TREATMENT INFORMATION:			6 9 4		
Facility treated at:	Attending Physician:				
Describe treatment (including sh	ots):				
Rabies Post Exposure Treatment	started?	□ Yes	□ No		
ANIMAL INFORMATION:					
Type of Animal:	7		Breed:	+1-10-10-10-10-10-10-10-10-10-10-10-10-10	
Is the animal a stray?	□ Yes	□ No			
Dog Warden notified?	□ Yes	□ No			
Is animal available for testing?	□ Yes	□ No			
s the animal vaccinated?	□ Yes	□ No	□ Unknown		
Are records available?	□ Yes	□ No			
OWNER INFORMATION:					
NAME			ADDRESS		PHONE

OTHER IMPORTANT PHONE/FAX NUMBERS

Alliance City Health Dept (fax) 330-821-9517 Carroll County Health Dept. (fax) 330-627-3040 East Liverpool Health Dept. (fax) 330-386-7403

Mahoning County Health Dept. (fax) 330-270-2859 Ohio Dept. of Health (phone) 614-466-4176 Stark County Health Dept. (fax) 330-493-9920 Hancock County Health Dept. (fax) 304-564-3410 Hancock County Sheriff (fax) 304-564-4273 Columbiana County (fax) 330-424-1733

BITE INCIDENT REPORT PHSI-110-052-ELOH (01/17) PATIENT ID NAME:

DOB:

ATTENDING PHYS,

ACCT#:

UNlT#: