

II. Patient information

Name _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

Seen by physician following incident? _____ Yes _____ No

Hospitalized? _____ Yes _____ No

Name of physician or hospital: _____

Phone: _____

Does the patient have documented evidence of:

_____ Preexposure rabies prophylaxis: Date: ____ / ____ / _____

_____ Prior tuberculin (PPD or tine) test: Date: ____ / ____ / _____

Preexisting medical problems:

Is patient immunocompromised for any reason? _____ Yes _____ No

Summary of medical treatment or testing done:

III. Information on nonhuman primate(s) involved

Name/Identifier of primate involved in the incident: _____

Genus species: _____ Supplier ID No.: _____

Date of Acquisition: ____ / ____ / _____

Most recent veterinary exam: _____

Most recent TB test or chest x-ray/result: _____

Summary of vet findings:

IV. Rabies exposure evaluation

Most recent rabies immunization of primate: _____

Comments on possible exposure risks: (Goes outdoors, access to bats, etc.)

V. For laboratory primates only

Principal use of primates in research project:

Present or prior exposure of primate to infectious or toxic agents? ____ Yes ____ No

Specify agent(s): _____

VI. Follow-up action taken

A. Consultation and reporting:

- _____ Reported to local health department
- _____ Reported to Office of Epidemiology (804-864-8141)
- _____ For industrial/animal control research setting:

- _____ Reported to immediate supervisor
- _____ Reported to lab animal veterinarian
- _____ Reported to personnel office
- _____ Victim referred to physician/occupational health physician or nurse
- _____ Incident report completed as required by institution

_____ For zoo - Incident involving staff or visitor:

- _____ Reported to immediate supervisor
- _____ Reported to zoo veterinarian
- _____ Victim referred to physician
- _____ Incident report completed as required by institution

_____ For private citizen - Pet primate owner or collector

- _____ Victim referred to physician for care
- _____ Incident report completed as required by investigating agency (animal control, police, humane society, EMT, health department, etc.)

B. Follow-up planned on nonhuman primate:

- _____ Physical examination
- _____ Stringent dermatologic and mucous membrane exam for evidence of simian herpes lesions
- _____ Chest x-ray
- _____ Tuberculin (comparative) testing
- _____ Fecal culture for enteric pathogens, O&P

- _____ Quarantine/observation for _____ days

- _____ Euthanasia for rabies testing

Reporting Locality _____ Date ____ / ____ / ____

Name _____ Phone Number _____