



* CONTACT INVESTIGATION ID	CONTACT NAME OR INITIALS	CONTACT PHIN
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#### IV. RISK FACTOR INFORMATION

SUBJECT> RISK FACTORS

22. COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED	YES	NO	UNKNOWN	DECLINED TO ANSWER	NOT ASKED
*ANIMAL DISPLAYING UNUSUAL BEHAVIOUR (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANIMAL IMMUNIZED FOR RABIES (SPECIFY AND ADD DATE OF MOST RECENT VACCINE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*DOMESTIC ANIMAL (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*OTHER DOMESTIC ANIMAL(S) EXPOSED (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*POTENTIAL EXPOSURE TO WILDLIFE (SPECIFY – E.G. RURAL AREA, OUTDOOR EXPOSURES, KNOWN CONTACT WITH WILDLIFE, PROXIMITY TO RIVER/RURAL IN URBAN SETTINGS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*PROVOKED ANIMAL ATTACK (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STRAY ANIMAL (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
UNDERLYING ILLNESS (SPECIFY IF CONTACT IS IMMUNOCOMPROMISED, TAKING IMMUNOSUPPRESSIVE AGENTS, OR ANTIMALARIALS– MAY REQUIRE ADDITIONAL DOSE OF VACCINE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*WILD ANIMAL (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOUND DESCRIPTION (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

#### V. EVIDENCE-BASED RECOMMENDED INTERVENTIONS

INVESTIGATION > TREATMENT & INTERVENTIONS > INTERVENTION SUMMARY

23. INTERVENTIONS	DATE (YYY-MM-DD)
<input type="checkbox"/> PREVENTION EDUCATION / COUNSELLING AS PER DISEASE PROTOCOL	
<input type="checkbox"/> *RPEP PROVIDED <input type="radio"/> NOT APPLICABLE (RPEP NOT RECOMMENDED) <input type="radio"/> PENDING (RPEP INITIATED) <input type="radio"/> NOT COMPLETE (RPEP RECOMMENDED BUT SERIES NOT INITIATED OR COMPLETED) <input type="radio"/> COMPLETE (ALL DOSES GIVEN)	
<input type="checkbox"/> *ANIMAL UNDER OBSERVATION - SPECIFY DATES: (YYYY/MM/DD TO YYYY/MM/DD) <input type="radio"/> NOT APPLICABLE (OBSERVATION NOT PERFORMED / EUTHAMIZED) <input type="radio"/> PENDING (OBSERVATION ONGOING) <input type="radio"/> NOT COMPLETE (UNABLE TO CONFIRM COMPLETION) <input type="radio"/> COMPLETE (OBSERVATION COMPLETE)	
<input type="checkbox"/> LOW RISK EXPOSURE – NO FURTHER ACTION RECOMMENDED	
<input type="checkbox"/> SEARCHING FOR ANIMAL <input type="radio"/> NOT APPLICABLE (WILD ANIMAL) <input type="radio"/> PENDING (SEARCH ONGOING) <input type="radio"/> NOT COMPLETE (ANIMAL NOT LOCATED) <input type="radio"/> COMPLETE (ANIMAL LOCATED)	
<input type="checkbox"/> REFERRAL TO HEALTH CARE PROVIDER	
<input type="checkbox"/> REFERRAL TO MUNICIPAL ANIMAL CONTROL SERVICE	
<input type="checkbox"/> POST IMMUNIZATION TESTING RECOMMENDED	
<input type="checkbox"/> PRE IMMUNIZATION TESTING RECOMMENDED	

\* IDENTIFIES CRITICAL DATA ELEMENT OR SECTION TO BE COMPLETED. IF THIS DATA IS MISSING, THE FORM WILL BE RETURNED.  
MHSU-7225 (2026-06) – SUSPECTED RABIES EXPOSURE-CONTACT INVESTIGATION FORM  
MHSLTC– SURVEILLANCE UNIT: 4TH FLOOR– 300 CARLTON ST. WINNIPEG, MB  
CONFIDENTIAL FAX 204-948-3044



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## VII. IMMUNIZATION

SUBJECT > IMMS HISTORY INTERPRETATION

<b>38. INTERPRETATION OF RABIES IMMUNITY PRIOR TO EXPOSURE</b> <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN / NOT DETERMINED	<b>39. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION</b>	<b>SOURCE OF IMMUNIZATION RECORD:</b> <input type="radio"/> CLIENT / PARENT / GUARDIAN <input type="radio"/> CLIENT / PARENT / GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD / HEALTHCARE PROVIDER  <b>REASON IF NOT FULLY IMMUNIZED OR UNKNOWN:</b> <input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL) <input type="radio"/> IMMUNOCOMPROMISED <input type="radio"/> MEDICAL CONTRAINDICATION <input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION <input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS <input type="radio"/> PHILOSOPHICAL OBJECTION <input type="radio"/> UNKNOWN / NOT DETERMINED
<b>40. COMMENTS:</b> (INCLUDE DETAILS OF PREVIOUS DOSES PROVIDED (E.G. DATES, WHETHER SERIES COMPLETE) AND MOST RECENT ANTIBODY TITRE)		
<b>41. INTERPRETATION OF TETANUS IMMUNITY</b> <input type="radio"/> IMMUNITY – HISTORY OF PREVIOUS DISEASE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN / NOT DETERMINED	<b>42. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION</b>	<b>SOURCE OF IMMUNIZATION RECORD:</b> <input type="radio"/> CLIENT / PARENT / GUARDIAN <input type="radio"/> CLIENT / PARENT / GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD / HEALTHCARE PROVIDER  <b>REASON IF NOT FULLY IMMUNIZED OR UNKNOWN:</b> <input type="radio"/> GENERAL OBJECTION (NON-PHILOSOPHICAL) <input type="radio"/> IMMUNOCOMPROMISED <input type="radio"/> MEDICAL CONTRAINDICATION <input type="radio"/> NOT ELIGIBLE FOR ROUTINE IMMUNIZATION <input type="radio"/> NOT UP TO DATE WITH IMMUNIZATIONS <input type="radio"/> PHILOSOPHICAL OBJECTION <input type="radio"/> UNKNOWN / NOT DETERMINED

## VIII. \*REPORTER INFORMATION

43. FORM COMPLETED BY (PRINT NAME)		44. FACILITY NAME/ADDRESS/PHONE#	REPORTER USE ONLY
45. FORM COMPLETION DATE  YYYY-MM-DD	46. INVESTIGATION STATUS  <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	47. ORGANIZATION (IF APPLICABLE)  <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB	
			<b>STAMP HERE</b>

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS  
EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>  
A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND  
INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT  
<http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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