



Public Health

PHYSICIAN REPORT OF ANIMAL BITE
Durham County Department of Public Health

Form is to be completed by the physician and returned to the Durham County Department of Public Health.

Under NC General Statute § 130A-196, a physician who attends a person bitten by an animal known to be a potential carrier of rabies (regardless of current vaccination status of the animal) shall report the incident within 24 hours to the local Health Director. This form has been prepared to assist you in making your report.

Name of victim: _____ DOB: _____ M F

Address: _____

Telephone: (H) _____ (CELL) _____

Date of bite: _____ Animal: Dog Cat Ferret Other

Injury site: _____

Description of injury: _____

Date of treatment: _____ Name of medical facility: _____

Severity:

Minor, punctures (≤ 4) Moderate, punctures (4+) Severe, punctures deep, needing stitches

Treatment provided: _____

Name of physician: _____ Signature of physician: _____

Date: _____

MAIL OR FAX COMPLETED FORM TO:
Attention of: Immunization Project Manager
Durham County Department of Public Health
414 East Main Street
Durham, NC 27701
Phone: 919-560-7600
Fax: 919-560 -7828