

CONTACT INVESTIGATION ID	CONTACT NAME OR INITIALS	CONTACT PHIN
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SUSPECTED RABIES EXPOSURE - CONTACT INVESTIGATION FORM

I. CONTACT INFORMATION

SUBJECT > CLIENT DETAILS > PERSONAL INFORMATION

1. *LAST NAME		2. *FIRST NAME		3. *DATE OF BIRTH YYYY-MM-DD
4. ALTERNATE LAST NAME		5. ALTERNATE FIRST NAME		
6. *SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN		7. *GENDER IDENTITY (VOLUNTARY, SELF-REPORTED) <input type="radio"/> CISGENDER (SAME AS SEX AT BIRTH) <input type="radio"/> TRANSGENDER MAN <input type="radio"/> DECLINED <input type="radio"/> TRANSGENDER WOMAN <input type="radio"/> TRANSGENDER PERSON <input type="radio"/> OTHER (SPECIFY IN BOX 8)		8. IF OTHER GENDER IDENTITY, SPECIFY
9. *REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS		10. *HEALTH NUMBER (PHIN) 9 DIGITS		11. ALTERNATE ID SPECIFY TYPE OF ID
12. *ADDRESS AT TIME OF INVESTIGATION → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY				13. *CITY/TOWN/VILLAGE
14. *PROVINCE/TERRITORY		15. *POSTAL CODE A#A #A#	16. *PHONE NUMBER ###-###-####	
17. RACIAL/ETHNIC IDENTITY DECLARATION (VOLUNTARY, SELF-REPORTED) <input type="radio"/> AFRICAN <input type="radio"/> BLACK <input type="radio"/> CHINESE <input type="radio"/> FILIPINO <input type="radio"/> LATIN AMERICAN <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> SOUTH ASIAN <input type="radio"/> SOUTHEAST ASIAN <input type="radio"/> WHITE			<input type="radio"/> DECLINED <input type="radio"/> OTHER (SPECIFY)	
18. INDIGENOUS IDENTITY DECLARATION (Voluntary, Self-Reported) <input type="radio"/> FIRST NATIONS <input type="radio"/> METIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		19. FIRST NATIONS STATUS (Voluntary, Self-Reported) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED		

II. *ANATOMICAL SITE EXPOSED

INVESTIGATION > INVESTIGATION DETAILS > DISEASE SUMMARY > DISEASE EVENT HISTORY

20. *PRESENTATION (SITES)				
<input type="checkbox"/> HEAD/NECK	<input type="checkbox"/> TORSO	<input type="checkbox"/> LIMB	<input type="checkbox"/> HAND	<input type="checkbox"/> OTHER

III. SIGNS AND SYMPTOMS

INVESTIGATION > SIGNS AND SYMPTOMS

21. SIGNS AND SYMPTOMS – TYPE OF EXPOSURE		ONSET DATE YYYY-MM-DD
<input type="checkbox"/> ANIMAL BITE <input type="checkbox"/> ANIMAL SCRATCH <input type="checkbox"/> SALIVA CONTAMINATION TO MUCOUS MEMBRANE <input type="checkbox"/> SALIVA CONTAMINATION TO WOUND <input type="checkbox"/> UNKNOWN EXPOSURE (E.G. BAT)		<input type="radio"/> OTHER ANIMAL EXPOSURE OBSERVATION DETAILS

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 MHSU- 7225 (2026-01) – SUSPECTED RABIES EXPOSURE-CONTACT INVESTIGATION FORM
 MHSLTC– SURVEILLANCE UNIT: 4TH FLOOR– 300 CARLTON ST. WINNIPEG, MB
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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 INITIATED BUT SERIES INCOMPLETE) <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	

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VI. ACQUISITION EXPOSURE

INVESTIGATION > EXPOSURE SUMMARY > CREATE ACQUISITION EVENT

SETTING TYPE	EXPOSURE SETTING		
AGRICULTURAL LOCATIONS	ANIMAL CARE AND SUPPLY (KENNEL, GROOMER, DOG DAYCARES, ANIMAL RESCUE / SHELTERS) FARM PETTING ZOO VETERINARY CLINIC		
RECREATIONAL FACILITIES	CAMPGROUND FORESTED AREA OTHER PARK (E.G. MUNICIPAL, PROVINCIAL, NATIONAL)		
TRAVEL	OUTSIDE OF CANADA / UNITED STATES OUTSIDE OF HOME PROVINCE / TERRITORY BUT WITHIN CANADA WITHIN UNITED STATES		
HOUSEHOLD EXPOSURE	USE IF EXPOSURE IS TO / FROM CLIENT'S HOUSEHOLD MEMBERS		
TYPE OF COMMUNITY CONTACT	VISITING FRIENDS AND FAMILY WITHIN COMMUNITY (E.G. WALKING ON STREET)		
24. EXPOSURE NAME:		25. RESPONSIBLE ORGANIZATION:	
26. POTENTIAL MODE OF ACQUISITION		27. NATURE OF EXPOSURE (SELECT ONE ANIMAL SPECIES)	
<input type="radio"/> ANIMAL TO PERSON		<input type="radio"/> CAT <input type="radio"/> DOG <input type="radio"/> BAT <input type="radio"/> SKUNK <input type="radio"/> BOVINE <input type="radio"/> EQUINE <input type="radio"/> OTHER DO MESTIC <input type="radio"/> OTHER WILDLIFE	
28. *EXPOSURE START DATE: YYYY-MM-DD HH:MM		29. EXPOSURE END DATE: YYYY-MM-DD HH:MM	
30. *EXPOSURE LOCATION NAME: (INCLUDE ANIMAL DESCRIPTION, DETAILS OF EXPOSURE AND EXPOSURE LOCATION)			
31. EXPOSURE SETTING TYPE: (FROM ABOVE TABLE)		32. EXPOSURE SETTING: (FROM ABOVE TABLE)	
33. ADDRESS:			
34. CITY/TOWN:	35. PROVINCE:	36. POSTAL CODE:	
37. AE LOCATION LIAISON DETAILS (OWNER DETAILS)			
NAME:			
PHONE:			

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VII. IMMUNIZATION

SUBJECT > IMMS HISTORY INTERPRETATION

38. INTERPRETATION OF RABIES IMMUNITY PRIOR TO EXPOSURE <input type="radio"/> FULLY IMMUNIZED <input type="radio"/> PARTIALLY IMMUNIZED <input type="radio"/> UNIMMUNIZED <input type="radio"/> UNKNOWN / NOT DETERMINED	39. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION SOURCE OF IMMUNIZATION RECORD: <input type="radio"/> CLIENT / PARENT / GUARDIAN <input type="radio"/> CLIENT / PARENT / GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD / HEALTHCARE PROVIDER REASON IF NOT FULLY IMMUNIZED OR UNKNOWN: <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
40. COMMENTS: (INCLUDE DETAILS OF PREVIOUS DOSES PROVIDED (E.G. DATES, WHETHER SERIES COMPLETE) AND MOST RECENT ANTIBODY TITRE)	
41. INTERPRETATION OF TETANUS IMMUNITY <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	42. REASON FOR IMMUNITY/ IMMUNIZATION INTERPRETATION SOURCE OF IMMUNIZATION RECORD: <input type="radio"/> CLIENT / PARENT / GUARDIAN <input type="radio"/> CLIENT / PARENT / GUARDIAN – OFFICIAL RECORD <input type="radio"/> HEALTH RECORD / HEALTHCARE PROVIDER REASON IF NOT FULLY IMMUNIZED OR UNKNOWN: <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 STAMP HERE
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	

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
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*RABIES SAMPLE SUBMISSION PHIMS USER DEFINED FORM (UDF)

REGIONAL CONTACT

INVESTIGATION > INVESTIGATION DETAILS > LINKS & ATTCHMENTS

REGIONAL PUBLIC HEALTH CONTACT(S):	
REGIONAL PHONE #:	REGIONAL EMAIL:

ANIMAL INFORMATION (REPEAT IF >1 ANIMAL FOR TESTING)

ANIMAL ID / NAME:	
DATE OF DEATH:	ANIMAL CONDITION AT TIME OF DEATH: (SPECIFY HEALTHY OR UNWELL)
ADDITIONAL DETAILS (INCLUDE RELATIONSHIP TO EXPOSED CONTACT):	
ANIMAL'S VETERINARIAN:	
OWNER'S NAME:	
ANIMAL HOME ADDRESS:	

SPECIMEN COLLECTION DETAILS

ANIMAL'S CONTACT TYPE: <input type="radio"/> OWNER <input type="radio"/> VET <input type="radio"/> CONSERVATION <input type="radio"/> HUMANE SOCIETY <input type="radio"/> ANIMAL SERVICES	CLINIC/ORGANIZATION NAME:
CONTACT FIRST NAME:	CONTACT LAST NAME:
CURRENT LOCATION OF ANIMAL (ADDRESS):	
CONTACT PHONE #:	ALTERNATE PHONE #:
EMAIL:	

LAB REPORT - CFIA

DATE TEST AUTHORIZED: YYY-MM-DD	SAMPLE ID:
	CFIA REFERENCE NO:
	SAMPLE CONDITION:
FLUORESCENT ANTIBODY TEST (FAT) RESULT: <input type="radio"/> POSITIVE <input type="radio"/> UNFIT <input type="radio"/> NEGATIVE <input type="radio"/> NOT TESTED	
OTHER TEST (SPECIFY TYPE OF TESTS):	OTHER TEST RESULT: <input type="radio"/> POSITIVE <input type="radio"/> NEGATIVE <input type="radio"/> UNFIT

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