

Sultanate of Oman
Ministry of Health
Directorate General of Health Affairs
Department of Communicable Disease Surveillance & Control

Animal Bite Notification Form

To : Department of Communicable Disease Surveillance & Control

Institution :		Date :	
Region :		Person Reporting :	
Patient Name :		Tribe :	
Nationality :	Age :	Sex : M / F	
Wilayat :	Village :	Telephone:	
Date of bite :		Type of bite : Deep / Multiple / Scrach	
Site of the bite :		Status of the animal: Died / Alive / Killed / unknwon	
Type of animal involved :		Provoked / Not Provoked	

TREATMENT

1) Local treatment of wound - Yes / No

2) **Anti-Rabies Post exposure treatment given :**

Vaccine : Day 0 = 2 doses - Date given _____
: 1 ml , into each deltoid region

Vaccine : Day 7 = 1 dose - Date given _____

Vaccine : Day 21 = 1 dose - Date given _____

Rabies Immunoglobulin: 20 IU per Kg
If indicated and seen within 8 days

Signature of MOIC

cc: Director/Superintendent of Health Affairs
Regional Epidemiologist
File

MR No. 241