North Bay Parry Sound District Health Unit
Bureau de santé du district de North Bay-Parry Sound

Environmental Health
Santé environnementale
myhealthunit.ca

Rabies Vaccine/Immune Globulin Usage Report
Physician's Order

Date: _____ (yyyy/mm/dd) Health Care Facility: _____

Telephone No.: _____

Fax No.: _____

Patient Name: _____ (First) _____ (Last) Date of Birth: _____ (yyyy/mm/dd)

Patient Phone #: _____ HEIGHT: _____ cm WEIGHT: _____ kg

Contraindications: There are NO contraindications to use the rabies vaccine or RabIg after significant exposure

☑ Rabies Immune Globulin _____mL = (20 units/kg x weight in kg) / _____units/mL

☐ Rabies Vaccine 1 mL IM x 4 doses
☐ Rabies Vaccine 1 mL IM x 5 doses (for immunocompromised persons)

Description	**Name of Vaccine**	**Number Required**	**Lot Number(s)**	**Expiry Date**	**Date Administered (YYYY/MM/DD)**	**Initials**
Rabies Immune Globulin (RIG)						
Rabies Vaccine (Day 0)						
Rabies Vaccine (Day 3)						
Rabies Vaccine (Day 7)						
Rabies Vaccine (Day 14)						
***Rabies Vaccine (Day 28)**						

_____ **Date**

_____ **Physician Signature**

_____ **Physician Print Name**

Fax completed form to the North Bay Parry Sound District Health Unit at
(**EH**) 705-482-0733 and (**VPD**) 705-482-0694

(Please keep a copy for your records)

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PARRY SOUND
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