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: ____________________ Health Care Facility: ____
yyyy/mm/dd

Telephone No.: ____

Fax No.: ____

Patient Name: ____ Date of Birth: ______________
First Last 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)

NORTH BAY
PARRY SOUND
BURK'S FALLS

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