



LEE COUNTY HEALTH DEPARTMENT – BITE CASE REPORT

Epidemiology and Communicable Disease Control Services

3920 Michigan Avenue – Fort Myers – Florida – 33916

Phone: (239) 332-9580

Fax: (239) 332-9553

LCHD Epi Log # B-11-		Merlin Reportable Case #: (only if Prophylaxis recommended)	
Reported Date:	Date of Bite:	First Animal Health Check Date: Condition:	
Quarantine Letter: (circle & Date) Mailed: Faxed:	Quarantine End Date:	End of Quarantine Animal Health Check Date: Condition:	
Victim's Name:		Sex	Age DOB
Address:		City:	Zip:
Guardian:		Relationship:	
Home Phone:		Work Phone:	
Location of Bite / Injury:			
Medical Care Provided By:			
Animal Owner's Name:			
Address:		City:	Zip:
Home Phone:		Work Phone:	
Animal Type: (circle) Domestic Stray Feral Wild	Breed/ Type:	Name of Animal:	
Veterinarian:	Color:	LCAS # or other information:	
Veterinarian Phone:	Date Vaccine Given:	Vaccine Type: (circle) 1 year 3 year	
Final Disposition:		Date Case Completed: _____	

(circle) PEP Not Recommended

PEP Recommended

PEP Series Given

PEP Refused

Case Manager:

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