

Confidential

Rabies/Australian Bat Lyssavirus Post-Exposure Treatment Request Form

Complete the following form to request free rabies vaccines and/or Human Rabies Immunoglobulin (RIG). The information collected is used to monitor vaccine use and stock availability, and for disease surveillance. Please advise your patient that this information is being provided to the department (as required by the *Health Records Act 2001*). Commonwealth and State privacy legislation does not negate the responsibility to provide the information requested on this form.

Instructions

1. Assess the patient's wound and determine the category of exposure as per the algorithm in the [Immunisation Handbook](https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rabies-and-other-lyssaviruses) (<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rabies-and-other-lyssaviruses>).
2. If the exposure was caused by a bat in Australia and the bat is accessible for testing, you may contact the department on 1300 651 160 for advice and to arrange testing of the bat.
3. Return this form by email to your Local Public Health Unit (LPHU). Please note:
 - Orders should be sent to the LPHU emails nominated here: [Ordering vaccines | health.vic.gov.au](http://www.health.vic.gov.au/immunisation/ordering-vaccines) <<http://www.health.vic.gov.au/immunisation/ordering-vaccines>>.
 - Send orders to the LPHU where your health service or clinic is located.
 - Forms will be processed during business hours (9am to 4pm, Monday to Friday).
 - Emails received outside of business hours will be actioned the following business day.
 - For urgent advice at any time, including after hours, please call **1300 651 160**.

To receive this document in another format email [Community and Public Health](mailto:pph.communications@health.vic.gov.au) <pph.communications@health.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.
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Requesting doctor details

Name		Medicare provider no.
Clinic/Health service/Pharmacy name		Department of Health/Onelink account number
Address		
City		Postcode
Telephone	Fax	
Date of order	Date vaccine required	Reason for order (please select the most appropriate option) <input type="checkbox"/> Replacing stock administered <input type="checkbox"/> Stock for upcoming patient appointment <input type="checkbox"/> Other, specify > _____

Family practitioner details (if different to the requesting doctor)

Name	
Clinic/Health service name	
Address	
City	Postcode
Telephone	Fax

Patient details (please answer all questions)

Last name	Parent/guardian/next of kin name and contact number
First name(s)	Interpreter required <input type="checkbox"/> Yes, language > _____ <input type="checkbox"/> No
Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, specify > _____
Residential address	Is the patient of Aboriginal or Torres Strait Islander origin <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Unknown
City	Postcode
Preferred telephone number	Country of birth <input type="checkbox"/> Australia <input type="checkbox"/> Overseas > _____
	...year arrived in Australia
	Is the patient immunocompromised <input type="checkbox"/> Yes, specify > _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

Form continues over the page

Clinical and exposure information

Date of possible exposure

Animal that caused the wound/exposure to rabies/ABLV

- Fruit bat/flying fox
- Other type of bat (e.g. Microbat)
- Dog or canine family
- Monkey
- Unknown
- Other, specify > _____

Type of animal exposure (select one)

- Bite
- Bite and scratch
- Scratch
- Lick
- Other, specify > _____

Location of wound (tick all that apply)

- Forearm (including hand)
- Arm
- Fingers
- Head/neck
- Lower leg (including foot and toes)
- Thigh
- Torso

Describe wound (abrasion, laceration, puncture, tear, etc.)

Describe wound depth and severity

Date wound was assessed

Wound assessed by

- General Practitioner
- Emergency Department
- Other, specify > _____

In what country did the exposure occur

- Australia
- Overseas, specify > _____

If the exposure occurred in Indonesia, specify the island where the exposure occurred

- Bali
- Unknown
- Other, specify > _____

Did the animal appear to be unwell, or exhibit unusual behaviour

- Yes, describe > _____
- No
- Unknown > _____

Was the animal tested for rabies/ABLV

- Yes
- No
- Unknown

If yes, what was the result of the test?

- Not yet available
- Inconclusive
- Negative
- Positive
- Other, specify > _____

Is the patient an expatriate or traveller who has spent prolonged periods (ie. more than a month) in a rabies endemic area

- Yes
- No
- Unknown

Has the patient been working with mammals in a rabies endemic area

- Yes
- No
- Unknown

Is the patient from a research laboratory background (ie. is a person who may work with live lyssaviruses)

- Yes
- No
- Unknown

Is the patient likely to have received bites or scratches from bats in their everyday activities (including bat handlers, veterinarians, wildlife officers, and others who come into direct contact with bats)

- Yes, specify occupation > _____
- No
- Unknown

Recommended post-exposure assessment and treatment

Refer to the Immunisation Handbook for guidance on treatment and categorisation of the exposure:

<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rabies-and-other-lyssaviruses>

Category of exposure

- Category I
- Category II
- Category III

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Post-exposure treatment for the current exposure

Has RIG been administered to the patient

No

Yes >

Date administered	RIG amount given (no. of vials)	RIG brand	RIG batch number	Administration route

Has rabies vaccine been administered to the patient

No

Yes, provide details below

Vaccine dose number	Date administered	Vaccine brand	Vaccine batch number	Administration route

Rabies vaccination history (prior to the current exposure)

Has the patient previously received rabies vaccination

Unknown

No

Yes >

How many doses were given	Approx. date the last dose was given

Vaccine order information – this section MUST BE COMPLETED to receive your order

Rabies vaccine:

Day 0, 3, 7, 14 (+D28 if immunocompromised) for Rabies/ABLV Post-Exposure Prophylaxis

Number of vials/vaccines needed >

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Please note: Hospitals may order 1 dose. Unless special circumstances exist, all remaining doses should be ordered and obtained by the patient's preferred GP clinic.

Human rabies immunoglobulin:

Recommended dose is 20 IU/kg body weight (RIG comes in 2ml vials, each containing 150 IU/ml)

Weight (whole number)	Number of vials/vaccines needed >
kg	

Administer one vial per 15kg of the case's body weight

Data collection ends here. Thank you

To complete your vaccine order, ensure all sections are completed and email this form to your Local Public Health Unit