



## Waiver Form for RABIES VACCINATION

Students in the Veterinary Science curriculum must either provide proof of rabies vaccination or sign a waiver stating that they decline immunization at this time.

I understand that by working with animals I may be at risk of exposure to Rabies. I understand that an animal, which is rabid, may not show typical signs of rabies infection but can still spread the virus to me if I am exposed. I further understand that the animals used in the program are from local animal shelters and these animals have an unknown vaccination background and may be at an increased risk of being infected with the Rabies virus.

I understand the benefits and risks of pre-exposure Rabies vaccination. I understand that I must receive at least three intramuscular doses of vaccine in the arm over a one-month period to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

\_\_\_\_\_ **I decline pre-exposure Rabies vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring Rabies, a fatal disease. In the event of an accidental exposure, I will report the incident immediately to my Instructor and/or supervisor and to the Davis Health Center and will consult with my health care provider regarding post-exposure prophylaxis.

\_\_\_\_\_ **I have already been vaccinated against Rabies and will provide documentation for the vaccine.**

Series Dates: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

It is recommended that a blood sample be taken 30 days after the Rabies series is completed to determine you titer to the Rabies virus. A titer of 0.5 or higher is considered adequate immunity.

Titer \_\_\_\_\_ Date Drawn \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature & Date

For students under the age of 18:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian