



Rabies Vaccination Form

(Rabies vaccination must be completed before beginning clinical skills classes when entering the Veterinary Nursing Program and a copy on file with program)

I have read the material provided and understand that due to my occupational exposure to animals, I may be at risk of exposure to rabies infection. After reading this material and in consultation with my physician:

I understand that I am required to have a two-dose pre-exposure rabies vaccination.

The dates the vaccinations were administered were:

_____, and _____

Please list the name and address of the provider who administered the pre-exposure rabies vaccination.

Name of Facilities or Provider: _____

Address: _____

Phone: _____

Student Print Name: _____

Student Signature: _____

Protective rabies titer (only required for those vaccinated over 2 years ago):

Date tested: _____ Titer Value: _____

Student Print Name: _____ Student Signature: _____

Student must submit copy of rabies vaccination or titer results from your physician for our records.