

Name: _____
PID: _____
Date of Birth: _____
Department: _____

Michigan State University Occupational Health

Rabies Surveillance Record

Vaccine Request- sign if you have NOT had rabies vaccine and want it.

I have been informed that I may be at risk of rabies exposure through contact with animals. I elect to receive the rabies vaccine consisting of three injections over a 28 day period. I have been informed of the potential risks and side effects.

Signature: _____ Date: _____
Witness: _____ Date: _____

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Vaccine Record – Complete if you have received rabies vaccine in the past.

Please list the dates: #1 _____ #2 _____ #3 _____

List dates of any boosters or additional doses if vaccine given post exposure

If you don't know the exact dates, give an approximate year and the number of doses received.

Year: _____ # of doses: _____

When was your last rabies titer? Date: _____ I never had a titer:

If you don't know the exact date, give an approximate year.

Was the titer "adequate" or "present"? Yes No
(Adequate or present means you didn't need a booster)

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Waiver-sign if you do NOT want rabies vaccine.

I understand the risks and benefits involved, but I do not wish to receive a rabies vaccine at this time. I understand that I may request a rabies vaccine in the future and, if I still work at a job where I am at potential risk of exposure I will be vaccinated.

Signature: _____ Date: _____
Witness: _____ Date: _____