

**Michigan State University  
Occupational Health**

**Rabies Surveillance Program**

**Name:** \_\_\_\_\_  
**ZPID:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Work Phone:** \_\_\_\_\_

**Previously Vaccinated:** Documentation of your rabies vaccinations and previous titer results (if applicable) are required. Please submit those documents with this completed form **AND select one of the following options.**

I have previously received the complete pre-exposure or post-exposure rabies vaccination series and I **ELECT** to participate in the rabies antibody titer monitoring program.

I have previously received the complete pre-exposure or post-exposure rabies vaccination series and I **DECLINE** to participate in the rabies antibody titer monitoring program.

**Vaccine Request:** I understand that I have an occupational risk of rabies exposure through contact with animals or other potentially infectious materials. I elect to receive the pre-exposure rabies vaccine series at no cost to myself.

Call MSU Occupational Health at 517-353-9137 to schedule an appointment.

**Vaccine Declination:** I understand that due to my occupational risk of rabies exposure through contact with animals or other potentially infectious materials, I may be at risk of acquiring rabies infection. I have been given the opportunity to be vaccinated with rabies vaccine, at no cost to myself. I decline rabies vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring rabies, a fatal disease. If in the future I continue to have occupational risk of rabies exposure and I want to be vaccinated with rabies vaccine, I can receive the vaccination series at no cost to myself.

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send completed form to: MSU Occupational Health, Olin Health Center, 463 East Circle Drive, Room 123 East Lansing, MI 48824-1037 Or Fax to 517-355-0332. For questions, call 517-353-9137.**