

**North Carolina State University
Veterinary Teaching Hospital Visitors
Rabies/Tetanus Immunization Record**

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

Rabies vaccination:

Rabies is a lethal viral infection that is typically spread from infected to susceptible animals by bites from infected animals or by close contact with infected tissues. The disease is endemic in North Carolina, and has been identified in dogs, cats, and horses around the state. Preventative vaccination should be considered for people who are at increased risk for contact with the disease. Examples of those at higher risk include animal control officers, wildlife rehabilitators, veterinarians and veterinary technicians. In fact, the College of Veterinary Medicine (CVM) considers this issue important enough to require that most veterinary students, staff, and faculty obtain and maintain regular vaccination against the disease. Preventative vaccination, in conjunction with hospital protocols to prevent or minimize exposure, has been completely effective at limiting risk for the entire CVM community. More information about the disease in North Carolina may be found at <http://www.epi.state.nc.us/epi/rabies.html>.

We also recommend that you maintain current vaccination against tetanus, another infection that may rarely complicate bite wounds from dogs or cats.

Rabies and Tetanus Vaccination certification or Waiver Form

If you have received or are currently receiving rabies vaccination, please provide a copy of the health record detailing the date.

1. I am currently receiving the human rabies primary vaccine series.

Signature (if under 18, signature of legal guardian) Date

2. I have been immunized with the human rabies vaccination.

Signature (if under 18, signature of legal guardian) Date

3. I decline immunization against rabies. I understand that by not being vaccinated against rabies the disease, if contracted, is fatal.

Signature (if under 18, signature of legal guardian) Date

4. I have received the primary immunization series against tetanus and/or a tetanus booster within the past 10 years.

Signature (if under 18, signature of legal guardian) Date