Rabies Vaccination Certification or Waiver Form

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 throughout 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 veterinary students obtain and maintain regular vaccination against the disease or waive out. 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://epi.publichealth.nc.gov/cd/diseases/rabies.html.

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

In order to verify your rabies status, please bring a copy of your medical documentation to the Office of Academic Affairs—if you are in the process of vaccination, please bring once available. We will review the documentation and return it to you. If you are returning this form through the mail, DO NOT send medical documents with this form. Instead, present medical documents only in person to the Office of Academic Affairs or Student Services.

Please Provide the Following Information:

STUDENT NAME (print): ___________________________ Student ID# _________ Class Of: ________

☐ I am currently receiving the human rabies primary vaccine series or I am currently awaiting booster and/or titer results. I will have results by ____________________.

Signature __________________________________________ Date _______________

☐ I have successfully been immunized with the human rabies vaccination or have received a titer within the last two years. I received this in the month of __________ and year of ___________.

Signature __________________________________________ Date _______________

☐ I plan to receive the human rabies primary vaccine series at the CVM Fall Rabies Clinic.

Signature __________________________________________ Date _______________

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

Signature __________________________________________ Date _______________

________________________________________________________________________

Office Use Only:

Documentation Verified By: ___________________________ Date: _______________