



Rabies Vaccine Information Statement

Please read the attached Rabies Vaccine Information Statement from the Centers for Disease Control and Prevention (CDC). Additional information can be found on the [CDC's Rabies VIS page](#). If you have any questions regarding the declination process or policy, please contact Safety and Risk Management: Occupational Health. If you have a health concern, please contact your primary care provider or Bridger Occupational Health.

Declination Form for Rabies Vaccination or Rabies Titer

Full Name (please type/print): _____

NetID (i.e., a12b345): _____

I understand that the rabies vaccination/titer is being offered by my employer due to the potential of occupational exposure to rabies through work with animals or other materials potentially infected with the rabies virus. I have been given and read the Vaccine Information Statement regarding rabies vaccine. I have had a chance to ask questions which were answered to my satisfaction. I know that Safety and Risk Management can provide me with a physician to consult or I can consult my private physician before declining this vaccination or the rabies titer.

I understand the benefits and risks of the rabies vaccine. I understand I may be at risk of acquiring rabies infection through occupational exposure. I have been given the opportunity to be either vaccinated with rabies vaccine or have a rabies titer drawn at no charge to me. I understand that by declining the titer, my immune status is unknown, and I may be at risk of acquiring rabies. If in the future I continue to have occupational exposure to animals or other potentially infectious materials and I want to be vaccinated with rabies vaccine, I can receive the vaccination series, periodic titers, and any necessary booster vaccination at no charge to me.

I decline the vaccine/titer at this time

Signature of person declining vaccine

Date

Please return the signed copy of this form to ryan.bartlett@montana.edu.