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