



Student Health Center

Rabies Vaccine Declination Statement:

The following statement of declination of rabies vaccination must be signed by employee student with potential exposure to rabies who chooses not to accept the vaccine. The statement can only be signed by the student following appropriate training regarding rabies, rabies vaccine, the efficacy, safety, method of administration, and benefits of vaccination. The statement is not a waiver; students can request and receive the rabies vaccination at a later date if they remain occupationally at risk for rabies.

Declination Statement

I understand that due to my course work / studies exposure to animals at risk for carrying the rabies virus, I may be at risk of acquiring rabies infection. I have been given the opportunity to be vaccinated with the rabies vaccine; however, I decline rabies vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring rabies, a potentially fatal disease. If, in the future, I continue to have course work / studies exposure to animals at risk for carrying the rabies virus and I want to be vaccinated with the rabies vaccine, I can receive the vaccination series. Likewise, it is recommended that titers to confirm continued immunity be drawn every two years after vaccination; if immunity has waned, a booster vaccination is recommended at that time.

Signature of Student

Date

Printed Name

Date of Birth

Student ID number

Department of Study



Student Health Center

Rabies Antibody Titer Declination Statement:

The following statement of declination of rabies antibody titer surveillance must be signed by employee student who has received the primary rabies vaccination series and has continuing potential exposure to rabies, but chooses not to have antibody titers drawn. The statement can only be signed by the student following appropriate training regarding rabies, rabies vaccine, the rationale for following rabies antibody titers and for administration of booster vaccine, efficacy, safety, and administration of booster vaccine, and benefits of following titer levels and booster administration. The statement is not a waiver employees can request and receive the titer levels and booster (if necessary) at a later date if they remain occupationally at risk for rabies.

Declination Statement

I understand that due to my continuing course work / studies exposure to animals at risk for carrying the rabies virus, I may be at risk of acquiring rabies infection. It is therefore recommended that antibody titers be checked every two years, and booster immunization given if immunity has waned. I have been given the opportunity to have these titers drawn, and the booster given to me if needed, at no cost to me; however, I decline follow-up at this time. I understand that by declining this follow-up, I cannot be certain that I continue to have adequate protection against acquiring rabies, a potentially fatal disease. If, in the future, I continue to have course work / studies exposure to animals at risk for carrying the rabies virus and I want to have titers drawn and a booster vaccine if needed, I can receive these services.

Signature of Student

Date

Printed Name

DOB

Student ID number

Department of Study