

University of Rochester (UR) University Health Service (UHS)

Rabies Vaccine Declination Form

Employee's Name (Print) Employee's UR ID Number Lab Name / PI / Supervisor

- 1. Please note: you do not need to complete this form if you 1) have a UHS medical record and 2) have provided evidence of completing the rabies vaccination series... 2. Complete this form in ink... 3. Maintain the original in your department's files.

Background

CDC recommends the rabies vaccine for employees who are veterinarians or animal handlers or work in labs or production facilities that work with the rabies virus. CDC/NIH's Biosafety in Microbiological and Biomedical Laboratories, 5th edition (2009) recommends the rabies vaccine for all individuals entering or working in the same room where lyssaviruses (e.g. rabies) or infected animals are used.

The vaccine, vaccination, periodic titers (titer frequency dependent on exposure risk), and any necessary booster vaccination will be offered free of charge to employees who meet the above requirements. Information about vaccine efficacy, safety, method of administration, and the benefits of being vaccinated are available from CDC online at https://www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.html

If you have previously received the complete vaccination series:

While you are not required to explain why you are declining the vaccine, if you are doing so because you have previously received the complete vaccination series other than at UR, please indicate below:

I have previously received the complete vaccination series. Date or Year: Titers are recommended, frequency varies with exposure. Date of last titer:

Rabies Vaccine Declination (based on 29 CFR 1910.1030 Appendix A)

I understand that due to my occupational exposure to animals at risk for carrying the rabies virus or other potentially infectious materials I may be at risk of acquiring rabies virus infection. I have been given the opportunity to be vaccinated with rabies vaccine, at no charge to myself. 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.

Employee's Signature Date

Employee's Home Address Employee's Telephone Number