

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 (including most recent titer results, if applicable).
2. Complete this form in ink (no pencil, no electronic signature).
3. Maintain the original in your department's files. Please also send or FAX a copy to UHS.

Background

CDC recommends the rabies vaccine for employees of labs that work with the rabies virus or work directly with animals that could have rabies. CDC/NIH's Biosafety in Microbiological and Biomedical Laboratories, 6th edition (2020) "Pre-exposure rabies vaccination is recommended for all individuals 268 Biosafety in Microbiological and Biomedical Laboratories prior to working with lyssaviruses or infected animals or engaging in diagnostic, production, or research activities with these viruses." Additionally, UR's Institutional Biosafety Committee (IBC) may recommend the vaccine to personnel working with rabies virus vectors.

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 [Rabies Vaccine VIS | Vaccines & Immunizations | CDC](#) (Vaccine Information Statement) and [Patient Care for Preventing Rabies | Rabies | CDC](#); and [ACIP Recommendations: Rabies Vaccine | ACIP Recommendations | CDC](#) (current recommendations of the Advisory Committee on Immunization Practices). For additional questions, or to receive the vaccine, call UHS at 275-4955.

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. 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.

Employee's Signature

Date

Employee's Home Address

Employee's Telephone Number