

**Student Health Center**  
**Vanderbilt University Medical Center**  
Rabies Vaccine Declination Statement  
Patient Completed Information



Patient Label or Patient Identifiers

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 received the training regarding rabies, rabies vaccine, the efficacy, safety, method of administration, and benefits of vaccination. 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.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Department of Study: \_\_\_\_\_