



University of Pennsylvania Rabies Vaccination Program: Acknowledgement and Release Form

I. CONSENT AND RELEASE:

I have been informed that my activities at the University place me in a category for which there is a risk that I may be exposed to rabies, and I request that I receive the rabies vaccination through the University of Pennsylvania vaccination program.

I have read the attached description of the program, including information about the vaccine, and I understand its contents. I have also had the opportunity to discuss my questions about rabies and the rabies vaccination with my physician. I am satisfied and have no further questions.

By signing in the space provided below, I hereby indicate my desire to be vaccinated and I also release the University of Pennsylvania, its trustees, employees, students, agents and servants from any liability related to the vaccine, side effects, complications, and accuracy of the attached description of this Consent. If I experience complications or side effects, I understand that I should immediately report them to the healthcare professional who administered the vaccination.

No one has forced me to be vaccinated or to sign this Consent and Release. I do voluntarily and with full knowledge of its consent and meaning.

Signature for Refusal and Release: _____

Printed Name: _____ Date: _____

Witness to signature: _____

II. REFUSAL AND RELEASE:

I have received and read the information attached concerning the University of Pennsylvania's rabies vaccination program and although I have been informed that my activities at the University place me in a category where I may be exposed to the risk of rabies, I elect not to receive the vaccine through the University of Pennsylvania's program. I hereby release the University of Pennsylvania, its trustees, employees, students, agents and servants from any liability related to the risk that I may be exposed to rabies without the pre-exposure vaccination, while I am associated with the University of Pennsylvania.

Signature for Refusal and Release: _____

Printed Name: _____ Date: _____

Witness to signature: _____

III. STATEMENT OF PRIOR VACCINATION:

I have been informed that my activities at the University place me in a category where I may be exposed to the risk of rabies. I have previously received the pre-exposure rabies vaccination recommended by the Center for Disease Control regulations referred to in the program materials.

Signature for acknowledgment of previous rabies pre-exposure vaccination:

_____ Year of pre-exposure vaccination _____

Printed Name: _____ Date: _____