



## Declination Form for Rabies Vaccination, Booster, or Titer

Please read the attached Vaccine Information Sheet from the Centers for Disease Control and Prevention. If you have any questions regarding the declination process or policy, please contact the Biosafety and Occupational Health Department (BOHD) at (612) 626-5008 or [uohs@umn.edu](mailto:uohs@umn.edu). If you have a health concern, please contact your primary care provider or BOHD for a referral. Please return the signed form to BOHD by e-mail, mail, or fax (information below).

Full Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employee ID: \_\_\_\_\_

I understand that the vaccine indicated above is being offered by my employer due to my risk of occupational exposure and not for the purpose of providing general health care. I have had a chance to ask questions which were answered to my satisfaction. I know that the BOHD can provide me with a physician to consult or I can consult my private physician before declining this vaccination.

I believe that I understand the benefits and risks of the vaccine indicated above. I understand I may be at risk of acquiring an infection through occupational exposure. I have been given the opportunity to be vaccinated with the above indicated vaccine at no charge to me.

I have been given and read the applicable Vaccine Information Statement. I understand that by declining this vaccine, I continue to be at risk of acquiring infections and/or a serious disease that may have been prevented or made less severe by this vaccine. If, in the future, I continue to have occupational exposure, and I want to be vaccinated with the above indicated vaccine, I can receive the vaccine at no charge to me.

**I decline the vaccine at this time, and voluntarily assume the risks and costs associated with my decision not to receive the above indicated vaccine.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Send as a PDF to [uohs@umn.edu](mailto:uohs@umn.edu) or mail to one of the addresses listed below:

U.S. Mail:  
BOHD  
Thompson Center for Environmental Management  
501 23rd Ave. SE  
Minneapolis, MN 55455

Campus Mail:  
Environmental Health/Safety  
ThompCtr  
2681A  
Confidential Fax: (612) 626-9643

# Rabies Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

**Rabies vaccine** can prevent **rabies**.

Rabies is a serious illness that almost always results in death.

Rabies virus infects the central nervous system. Symptoms may occur from days to years after exposure to the virus and include delirium (confusion), abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia (difficulty sleeping), which precede coma and death.

People can get rabies if they have contact with the saliva or neural tissue of an infected animal, for example through a bite or scratch, and do not receive appropriate medical care, including rabies vaccine.

### 2. Rabies vaccine

Certain **people with a higher risk for rabies exposures, such as those who work with potentially infected animals, are recommended to receive vaccine** to help prevent rabies if an exposure happens. If you are at higher risk of exposure to the rabies virus:

- You should receive 2 doses of rabies vaccine given on days 0 and 7.
- Depending on your level of risk, you may be advised to have one or more blood tests or receive a booster dose within 3 years after the first 2 doses. Your health care provider can give you more details.

**Rabies vaccine can prevent rabies if given to a person after an exposure.** After an exposure or potential exposure to rabies, the wound site should be thoroughly cleaned with soap and water. If your health care provider or local health department recommend vaccination, the vaccine should be given as soon as possible after an exposure but may be effective any time before symptoms begin. Once

symptoms begin, rabies vaccine is no longer helpful in preventing rabies.

- If you have not been vaccinated against rabies in the past, you need 4 doses of rabies vaccine over 2 weeks (given on days 0, 3, 7, and 14). You should also get another medication called rabies immunoglobulin on the day you receive the first dose of rabies vaccine or soon afterwards.
- If you have received rabies vaccination in the past, you typically need only 2 doses of rabies vaccine after an exposure.

Rabies vaccine may be given at the same time as other vaccines.

### 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of rabies vaccine**, or has any **severe, life-threatening allergies**
- Has a **weakened immune system**
- Is **taking or plans to take chloroquine or a drug related to chloroquine**
- Has **received rabies vaccine in the past** (your provider will need to know when you received any rabies vaccine doses in the past)

In some cases, your health care provider may decide to postpone routine (pre-exposure) rabies vaccination until a future visit. Or your health care provider may perform a blood test before or after rabies vaccines are given to determine your level of immunity against rabies.



**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting a routine (pre-exposure) dose of rabies vaccine. **If you have been exposed to rabies virus, you should get vaccinated regardless of concurrent illnesses, pregnancy, breastfeeding, or weakened immune system.**

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Soreness, redness, swelling, or itching at the site of the injection, and headache, nausea, abdominal pain, muscle aches, or dizziness can happen after rabies vaccine.
- Hives, pain in the joints, or fever sometimes happen after booster doses.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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#### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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#### 6. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's rabies website at [www.cdc.gov/rabies](http://www.cdc.gov/rabies)

