

Appendix 6

VTSU Randolph
Veterinary Technology
Documentation of Human pre-exposure Rabies Vaccination

Complete this copy for **your** records.

VACCINATE

Name of student: _____

Dose #1	Dose #2	Dose #3
Date: _____	_____	_____
Administered by: _____		_____
Signature (1st dose only)		Title and Clinic
Administered by: _____		_____
Signature (2nd dose only)		Title and Clinic
Administered by: _____		_____
Signature (3rd dose only)		Title and Clinic

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Veterinary Technology
Documentation of Human pre-exposure Rabies Vaccination

Complete this copy for **the university's** records.

VACCINATE

Name of student: _____

Dose #1	Dose #2	Dose #3
Date: _____	_____	_____

Administered by: _____	_____
Signature (1st dose only)	Title and Clinic

Administered by: _____	_____
Signature (2nd dose only)	Title and Clinic

Administered by: _____	_____
Signature (3rd dose only)	Title and Clinic