

**Appendix 6: Documentation of Human Pre-Exposure Rabies Vaccination**

*There are two copies of this form; please keep this copy for your records.*

Name of student: \_\_\_\_\_

Dose #1

Dose #2

Dose #3 (if prescribed)

Date: \_\_\_\_\_

Administered by: \_\_\_\_\_  
Signature (1<sup>st</sup> dose only) Title and Clinic

Administered by: \_\_\_\_\_  
Signature (2<sup>nd</sup> dose only) Title and Clinic

Administered by: \_\_\_\_\_  
Signature (3<sup>rd</sup> dose only, if prescribed) Title and Clinic

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

*Please return to Program Director .*

Name of student \_\_\_\_\_

Dose #1

Dose #2

Dose #3(if prescribed)

Date: \_\_\_\_\_

Administered by: \_\_\_\_\_

Signature (1<sup>st</sup> dose only)

\_\_\_\_\_ Title and Clinic

Administered by: \_\_\_\_\_

Signature (2<sup>nd</sup> dose only)

\_\_\_\_\_ Title and Clinic

Administered by: \_\_\_\_\_

Signature (3<sup>rd</sup> dose only, if prescribed)

\_\_\_\_\_ Title and Clinic