

Atlantic Veterinary College - Rabies Immunization History Form

All AVC Students must participate in the AVC Rabies Immunization Program or decline participation by signing a waiver. The University may deny admission to any student who refuses to submit the Rabies Immunization History Form or to execute a waiver. Veterinary students are at a higher risk than the general public for contact with rabid animals or rabid suspect animals and Health Canada (2006) recommends Rabies Immunization in Veterinary Medicine. A **Rabies Immunization History** is required for each student accepted to the DVM program in order to identify those who may require vaccination.

Section A This section is to be completed by the student:

Student Name: _____ Date of Birth: (mm/dd/yyyy) _____

Health Care Information: UPEI Student # _____

If you are a Canadian Student please fill out the following:

Province: _____ Provincial Health Card #: _____ Expiry Date: _____

If you are an International Student please fill out the following:

Please select insurance type: UPEI Insurer Private Insurer

Section B This section is to be completed by the student:

Have you received the three dose Rabies vaccination series?

Yes - Proceed to Section C

No - Proceed to Section D (*note that the vaccination series will be offered to you in your 1st year*)

Section C This section is to be completed by the Health Care Provider:

Rabies Vaccination Initial Three-Dose Series

Name of Vaccine: _____ Manufacturer: _____

Dose #1: Date: (mm/dd/yyyy) _____ Lot #: _____ Expiry: _____

Dose #2: Date: (mm/dd/yyyy) _____ Lot #: _____ Expiry: _____

Dose #3: Date: (mm/dd/yyyy) _____ Lot #: _____ Expiry: _____

Booster Dose (*if applicable*)

Name of Vaccine: _____ Manufacturer: _____

Date: (mm/dd/yyyy) _____ Lot #: _____ Expiry: _____

Rabies Titre (***attach a copy if available***)

If you have been previously vaccinated prior to the 1st of January of this year and have proof of a protective titre within the last 12 months, provide details below. If you have been previously vaccinated but do not have proof of a protective titre, you will have a titre check in your 1st year.

Date: (mm/dd/yyyy) _____ Result: _____

Signature of Health Professional / STAMP: _____ Date: (mm/dd/yyyy) _____

Section D This section is to be completed by the student:

Your rabies vaccination record and a copy of your rabies titre results will be available for your access on the E*Value database management system.

I hereby give permission for my vaccination records to be filed within the Office of Academic & Student Affairs and the UPEI Student Health Center. Yes No

I certify the above information is accurate and complete to the best of my knowledge.

Student Signature: _____ **Date:** (mm/dd/yyyy) _____

Return completed form by July 1st to avc-acad-stu@upei.ca or fax to (902) 566-0958.

Our address is AVC Academic & Student Affairs, 550 University Ave, Charlottetown, PEI, Canada, C1A 4P3.