Veterinary Technology Human Rabies Pre-Exposure Vaccination Policy

In accordance with recommendations of the Department of Health and Human Services, Center for Disease Control and Prevention, and the National Immunization Program, Eastern Wyoming College requires all Veterinary Technology (VTTK) and Veterinary Aide (VTAD) students to receive pre-exposure rabies vaccinations. The entire vaccination series (2 doses) must be completed prior to the first day of class of the first semester that the student is enrolled in the Veterinary Technology Program and is registered for any class or lab that utilizes any live animals.

Prospective students are required to secure the series of vaccinations, privately, by making arrangements with a health care provider. Documentation of the administration of each dose of the pre-exposure rabies vaccine given on the appropriate day, must be provided to the Director of the Veterinary Technology Program by filling in the documentation area below. Please return these documents to cmitchell@ewc.wy.edu and bring the original document to the 1st day of classes.

Students who fail to complete the series of 2 doses of pre-exposure rabies vaccine by the first day of class, will be withdrawn from all Veterinary Technology courses that utilize any live animals in class or lab. In special circumstances, a 2-week grace period may be allowed for the student to comply but during that time period the student is not allowed to participate in any animal labs, classes with animals, or kennels.

Pre-Exposure Rabies Vaccination Documentation

Student (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose 1 administered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clinic/Pharmacy)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip)

Dose 2 administered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

**(7 days after dose #1)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clinic/Pharmacy)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, Zip)