

# Letter of Guidance Regarding:

**Rabies Vaccination Requirement for Fish & Wildlife,  
Conservation Biology and Big Game and Fur Students**

**Fleming College**

**School of Environmental &  
Natural Resource Sciences**

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Dear Student:

Your chosen program includes experience that places you at increased risk of exposure to Rabies i.e. handling mammal carcasses, so for health and safety reasons it is a **mandatory requirement** of this program that you be vaccinated and subsequently show proof of an adequate Rabies antibody level (a blood titre test) for 2<sup>nd</sup> & 3<sup>rd</sup> years. You must then maintain this adequate level. **See \*Due Dates for your program year below.**

Rabies vaccination is a series of three doses over 4 weeks. Four weeks after the last dose, the Rabies antibody blood test is checked. **Minimum time required to complete the process is 2 ½ months, but can take 4 months if a booster is required.**

The cost of the vaccine is approx. \$660 (subject to change). A portion of the cost is covered by the Student Health Plan for full-time students. Alternatively, some private health insurance plans do provide coverage. **The Student Health Plan coverage starts after the commencement of your program, until August 31<sup>st</sup>.** If you have partial private coverage you can coordinate benefits but must wait until after the start of classes and put through the Student Health Plan first as the primary coverage.

**You can obtain vaccination** through your health practitioner/walk-in-clinic and your local pharmacy.

Two types of Rabies vaccine are approved for use in Canada: **Rabavert, DIN 02267667** and **Imovax, DIN 01908286.**

- You will need a health practitioner's prescription for 3 doses of vaccine; take this form with you to explain your program requirements.
- Have your health practitioner complete the form on the next page, once you've received the 3 dose rabies immunization and completed the blood work (at least 4 weeks after the last dose).
- Make a photocopy for your records.
- Submit titre bloodwork results and signed consent titre record to Frost Health Services via email at [frostcampushealthservices@flamingcollege.ca](mailto:frostcampushealthservices@flamingcollege.ca) or fax to 705-702-4822.

**As Fish and Wildlife, Conservation Biology and Big Game and Fur students you must maintain an adequate level while in your Programs by repeating your titre every 6 or 12 months, as indicated by your antibody level. You will not be allowed to continue in the courses requiring Rabies antibody protection if you do not meet this requirement.**

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## **\*DUE DATES FOR EACH PROGRAM YEAR:**

**1<sup>st</sup> year Fish and Wildlife Sept. 2020 or Jan. 2021 start – An adequate Rabies antibody level is due by Nov. 1, 2021**

**2<sup>nd</sup> year Fish and Wildlife Sept. 2019 or Jan. 2020 start – An adequate Rabies antibody level is due by Jan. 1, 2021**

**3<sup>rd</sup> year Fish and Wildlife Sept. 2018 or Jan. 2019 start – An adequate Rabies antibody level is due by Jan. 1, 2021**

**1<sup>st</sup> yr. Conservation Biology Sept. 2020 or Jan. 2021 start – An adequate Rabies antibody level is due by Sept. 1, 2021**

**2<sup>nd</sup> yr. Conservation Biology Jan. 2020 start – An adequate Rabies antibody level is due by Nov. 1, 2020**

**Big Game and Fur Jan. 2021 start – An adequate Rabies antibody level is due by Jan. 1, 2021**

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Contacts: Coordinator for Fish & Wildlife and Big Game & Fur via email [paul.ashley@flamingcollege.ca](mailto:paul.ashley@flamingcollege.ca)  
Faculty for Conservation Biology via email [josh.feltham@flamingcollege.ca](mailto:josh.feltham@flamingcollege.ca)

**RABIES IMMUNIZATION MEDICAL FORM**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**Program:** Fish & Wildlife / Conservation Biology (circle one) **Program Start date (MM/YYYY):** \_\_\_\_\_

The Fish & Wildlife, Conservation Biology and Big Game & Fur programs include experience that places students at increased risk of exposure to Rabies i.e handling mammal carcasses, so for health and safety reasons Rabies Immunization with an adequate antibody level is a **mandatory requirement** of this program.

**If you have completed the 3 dose Rabies Immunization schedule, ask your Health Provider for a Rabies Antibody level test and to complete the form below confirming those results. Bring a copy of this completed form with you when you return to campus.**

**Medical Office:**

I, \_\_\_\_\_, declare this to be verification that \_\_\_\_\_  
 Physician/Nurse Name Student's Name

Completed  3 dose Rabies immunization series on: \_\_\_\_\_ (Date Completed).

OR  1 booster dose on: \_\_\_\_\_ (Date Given).

**Collection Date of Rabies Titre:** \_\_\_\_\_ **Titre (Antibody level) Result:** \_\_\_\_\_ IU/ml

To be measured at least 4 weeks after last injection. A response < 0.5 IU/ml requires a booster and repeat titre.  
 Clinic Stamp: A response > 0.5 and < 1.0 IU/ml is to be repeated in 6 months.  
 A response 1.0 or > 1.0 IU/ml is repeated in 1 year.

**Next Titre Due:** \_\_\_\_\_

**STUDENT CONSENT FOR RELEASE OF INFORMATION:**

I understand and agree that my Rabies immunization status will be released to my program instructors, the departments responsible for access to the College labs, and the Public Health Dept., as required. **It is the responsibility of the individual to maintain an adequate Rabies antibody level while in Fish & Wildlife, Conservation Biology Program and/or Big Game and Fur.** I hereby agree to be sent requisitions for blood work, and be informed of my Rabies immunization/antibody status via my Fleming Email Address.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use:**

<b>Date of Rabies Titre:</b>	<b>Titre Results:</b> _____ IU/ml <small>(An adequate response after immunization, is &gt; or = 0.5 IU/ml)</small>	_____ <small>Signature of verifying Health Professional.</small>	<b>Next Titre Due:</b> * _____ Recommended:	<b>Client Advised:</b> _____ <small>(Date / Signature)</small>
<b>Date of Rabies Titre:</b>	<b>Titre Results:</b> _____ IU/ml <small>(An adequate response after immunization, is &gt; or = 0.5 IU/ml)</small>	_____ <small>Signature of verifying Health Professional.</small>	<b>Next Titre Due:</b> * _____ Recommended:	<b>Client Advised:</b> _____ <small>(Date / Signature)</small>
<b>Date of Rabies Titre:</b>	<b>Titre Results:</b> _____ IU/ml <small>(An adequate response after immunization, is &gt; or = 0.5 IU/ml)</small>	_____ <small>Signature of verifying Health Professional.</small>	<b>Next Titre Due:</b> * _____ Recommended:	<b>Client Advised:</b> _____ <small>(Date / Signature)</small>

# RABIES IMMUNIZATION CONSENT– Imovax- DIN: 01908286

**Name:** \_\_\_\_\_ **Enrolled in:** Fish & Wildlife/Conservation Biology Program: \_\_\_\_\_  
 (Circle program) (month/year)

**Health Card #:** \_\_\_\_\_ **Version Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Physician:** \_\_\_\_\_

1. Do you have any allergies to phenyl red or neomycin? (vaccine contains traces) \_\_\_\_\_
2. Have you ever had a reaction to any previous immunization? \_\_\_\_\_
3. Have you ever had a rabies shot before? \_\_\_\_\_  
 (If yes, higher risk (7%) of generalized reaction.)
4. If so, did you have any kind of reaction? \_\_\_\_\_
5. Do you have a depressed immune system? \_\_\_\_\_  
 (i.e. steroid treatment, leukaemia, HIV/AIDS). This could interfere with production of antibodies.
6. Are you pregnant? (safety has not been established) \_\_\_\_\_  
 or nursing? (not known whether vaccine is excreted in human milk) \_\_\_\_\_

**If you've answered Yes to any of the above, discuss this with your doctor or nurse, prior to purchasing vaccine.**

**Possible Immediate allergic reaction:** 1 in 10,000. Swelling around face, neck, throat, difficulty breathing, hives or generalized rash, ongoing high fever, significant intestinal upset. If you experience any of these symptoms or other serious reactions after receiving any vaccine or medication, report this to either the clinic staff or the nearest hospital.

**Possible local (at the injection site) side effects:** Redness, soreness, hardness, swelling, pain, itching. Application of a cold compress helps ease these effects.

**Possible generalized side effects:** Fever, chills, malaise, headache, dizziness, abdominal pain, nausea, diarrhea, joint pain, and fatigue. These side effects should last only for 1-2 days. You may take acetaminophen 1-2 tablets (if generally tolerated) to relieve side effects.

**Very rare:** 2 cases of Guillain-Barre Syndrome (a transient neuroparalytic illness) which resolved in 12 wks, have been reported.

Vaccine contains albumin, a derivative of human blood, so there is a theoretical risk of transmission of vCreutzfeldt-Jakob (vCJD) disease. No cases of transmission of viral diseases or vCJD have ever been attributed to albumin.

**I have been informed of the possible side effects of receiving the Rabies vaccine. I hereby agree to receive the Rabies vaccination, given by physician or RN delegate.**

**Signature of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Health Office Use:**

	Feels well? Has eaten?	Date given	Lot#	Exp. Date	Amount	Site	Advised to wait 15 min.	Signature
0 day					1ml 1M	deltoid		
7 day					1ml 1M	deltoid		
21 day					1ml 1M	deltoid		

Date

Signature

**Given requisition for Rabies titre to be done at least 4 weeks after last dose.**

**Client given Immunization Record with vaccine particulars.**

# RABIES IMMUNIZATION CONSENT – RabAvert- DIN: 02267667

**Name:** \_\_\_\_\_ **Enrolled in:** Fish & Wildlife/Conservation Biology Program: \_\_\_\_\_  
 (Circle program) (month/year)

**Health Card #:** \_\_\_\_\_ **Version Code:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Name of Physician:** \_\_\_\_\_

1. Do you have any allergies to beef, chicken, neomycin, chlortetracyclin amphotericin B? \_\_\_\_\_
2. Are you allergic to eggs or egg products? \_\_\_\_\_  
 (For pre-exposure vaccination, do not give to persons with a history of severe hypersensitivity to eggs or egg products)
3. Have you ever had a reaction to any previous immunization? \_\_\_\_\_
4. Have you ever had a rabies shot before? \_\_\_\_\_  
 (If yes, higher risk (7%) of generalized reaction).
5. Did you have any kind of reaction? \_\_\_\_\_
6. Do you have a depressed immune system? \_\_\_\_\_  
 (i.e. steroid treatment, leukaemia, HIV/AIDS). This could interfere with production of antibodies.
7. Are you pregnant (safety has not been established) ? \_\_\_\_\_  
 or nursing? (not known whether vaccine is excreted in human milk) \_\_\_\_\_

**If you've answered Yes to any of the above, discuss this with your doctor or nurse, prior to purchasing vaccine.**

**Possible Immediate allergic reaction: 1 in 10,000.** Swelling around face, neck, throat, difficulty breathing, hives or generalized rash, ongoing high fever, significant intestinal upset. If you experience any of these symptoms or other serious reactions after receiving any vaccine or medication, report this to either the clinic staff or the nearest hospital.

**Possible local (at the injection site) side effects:** redness, swelling, pain. Application of a cold compress helps ease these effects.

**Possible generalized side effects:** malaise, headache, dizziness. These side effects should last only for 1-2 days. You may take acetaminophen (if tolerated) 1-2 tablets to relieve side effects

**Very rarely:** Anaphylaxis, encephalitis including death, meningitis, neuroparalytic events such as encephalitis, transient paralysis, Guillain-Barre Syndrome, myelitis, retrobulbar neuritis, multiple sclerosis have been reported to be temporally associated with the use of RabAvert. Vertigo, visual disturbance, palpitations, hot flush, extensive limb swelling.

Vaccine contains albumin, a derivative of human blood, so there is a theoretical risk of transmission of vCreutzfeldt-Jakob (vCJD) disease. No cases of transmission of viral diseases or vCJD have ever been attributed to albumin.

**I have been informed of the possible side effects of receiving the Rabies vaccine. I hereby agree to receive the Rabies vaccination, given by physician or RN delegate.**

**Signature of Recipient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Health Office Use:**

	Feels well? Has eaten?	Date given	Lot#	Exp. Date	Amount	Site	Advised to wait 15 min.	Signature
Day 0					1ml 1M	deltoid		
Day 7					1ml 1M	deltoid		
Day 21 or 28					1ml 1M	deltoid		

Date

Signature

**Given requisition for Rabies titre to be done at least 4 weeks after last dose.**

**Client given Immunization Record with vaccine particulars .**