



FLEMING

Rabies Immunization Form

- Your chosen program 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 prior to 2nd year.
- **Minimum time** required to complete the process is 2 ½ months but can take 4 months if a booster is required.
- Total cost is \$660 for 3 dose vaccine series (subject to change) a portion may be covered by your Student Health Plan.
- Vaccine can be arranged through your Health Practitioner, a Walk-In Clinic or Frost Health Services.
- Two types of Rabies vaccine are approved for use in Canada: **Rabavert**, DIN 02267667 and **Imovax**, DIN 01908286

Important Instructions for completing vaccination:

1. Take this form to your Health Services Provider.
2. Receive 3 injections at week 1, week 2, week 4.
3. Wait 4 weeks.
4. Obtain bloodwork requisition from your Health Services Provider.
5. Go for bloodwork to test your Rabies Antibody Titre Level.
6. If Titre Level is not at protective level, receive Rabies vaccine booster injection.
7. Wait 2 weeks, repeat Titre Level.
8. Email or Fax blood work result and completed Rabies Immunization Form to Frost Health Services.

Email: frostcampushealthservices@flemingcollege.ca

Fax: 705-702-4822

Both Pages of this Form and Bloodwork need to be Completed and Sent to Frost Health Services.

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 a protective Rabies Antibody Titre level while in the Fish & Wildlife, or Conservation Biology Program.

I hereby agree to be informed of my Rabies immunization/antibody status via my Fleming Email Address.

Signature _____ Date _____



FLEMING

Student Name _____

Student Number _____

Student Phone Number _____

Date of Birth _____

Fleming Email _____

Program Name _____

_____ To Be Completed by Medical Office _____

I, _____, declare this to be verification that _____

Physician/Nurse

Patient name

Completed 3 Dose Rabies Immunization series on: _____ (Date)

Or Booster Dose on: _____ (Date)

Collection Date of Rabies Titre: _____

Titre (Antibody level) Result: _____ IU/ml

A response of < 0.5 IU/ml requires a booster and repeat titre in 1-2 weeks.

A response > 0.5 and < 1.0 IU/ml requires titre to be repeated in 6 months.

A response 1.0 or > 1.0 IU/ml requires titre to be repeated in 1 year.

Next Titre Due: _____.

Office Stamp: