

# Rabies Vaccination Declination Form

Complete this form if you have potential exposure to **Rabies** during the normal course of your job duties.

## Part A: Vaccination Criteria and Acceptance/Declination Form

As required UCLA Occupational Health will make available at no charge the Rabies vaccine series to all UCLA employees who have potential occupational exposure to Rabies unless the employee has (a) previously received the complete vaccination series, or (b) antibody testing has revealed that the employee is immune, or (c) the vaccine is contraindicated for medical reasons. Employees have the right to decline the Rabies vaccine.

**Please read *Part 2 -Training Points for Employees Offered Vaccines* and then check the appropriate boxes below.**

**Please check any of these boxes that apply and complete the blank:**

- On or about \_\_\_\_\_ (date), I received the complete Rabies vaccination series, 3 doses total;
- On or about \_\_\_\_\_ (date), I received information that antibody testing has revealed that I am already immune to Rabies;
- On or about \_\_\_\_\_ (date), I received information that the Rabies vaccine is contraindicated for medical reasons.

Please note: You can schedule to have a blood test at OHF to determine your immunity. If the test does not confirm your immunity, you can reconsider your options for vaccination.

**If none of the above boxes were checked, UCLA will offer me the Rabies vaccine at no personal cost. I choose the following:**

- "I accept the offer to be vaccinated and agree to complete the vaccination series, a 3 dose course. I will schedule an appointment with OHF by calling (310) 825-6771.
- I decline to accept vaccination at this time. "I understand that due to my occupational exposure to specific animals, animal blood or other potentially infectious materials, I may be at risk of acquiring Rabies infection. I have been given the opportunity to be vaccinated with the Rabies vaccine, at no charge to myself. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a Rabies infection, a serious disease. If in the future I continue to have occupational exposure to Rabies potentially infectious materials and I want to be vaccinated with the Rabies vaccine, I can receive the vaccination series at no charge to me. This vaccine can also be given to a person after they have had an exposure

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ UID \_\_\_\_\_

Job Title \_\_\_\_\_ School/Dept \_\_\_\_\_

Print Supervisor's or Principal Investigator's Name \_\_\_\_\_

Signature of Supervisor or Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

## Part 2 - Training Points for Employees Offered Vaccinations, page 1

### **No Cost to Employee**

- Vaccines are offered to the employee at no cost. The employee may initially turn down the offer to be vaccinated, but can request vaccination at a later date, without cost, if they are still at risk from an occupational exposure.
- Employees who do not wish to be vaccinated must read and sign the Vaccine Declination Statement included on this form.

### **Vaccine Efficacy, Safety, Benefits**

Rabies vaccine is given to people at high risk of Rabies to protect them if they are exposed. People at high risk of exposure to Rabies should be offered pre-exposure Rabies vaccination, including:

- Veterinarians, animal handlers, and veterinary students
- Rabies laboratory workers
- Spelunkers (people who explore caves), and
- Persons who work with live vaccine to produce Rabies vaccine and Rabies immune globulin.

Pre-exposure Rabies vaccination should also be considered for:

- People whose activities bring them into frequent contact with Rabies virus or with possibly rabid animals.
- International travelers who are likely to come in contact with animals in parts of the world where Rabies is common and immediate access to appropriate care is limited.

This vaccine can also be given to a person after they have had an exposure.

### **WHAT YOU NEED TO KNOW**

The Rabies vaccine can prevent Rabies.

Rabies is mainly a disease of animals. Humans get Rabies when they are bitten or scratched by infected animals.

- Human Rabies is rare in the United States. Wild animals like bats, raccoons, skunks, and foxes are the most common source of human Rabies infection in the United States.
- Rabies is more common in other parts of the world where dogs still carry Rabies. Most Rabies deaths in people around the world are caused by bites from unvaccinated dogs

Rabies infects the central nervous system. After infection with Rabies, at first there might not be any symptoms. Weeks or even months after a bite, Rabies can cause general weakness or discomfort, fever, or headache. As the disease progresses, the person may experience delirium, abnormal behavior, hallucinations, hydrophobia (fear of water), and insomnia.

If a person does not receive appropriate medical care after an exposure, human Rabies is almost always fatal. Rabies can be prevented by vaccinating pets, staying away from wildlife, and seeking medical care after potential exposures and before symptoms start.

Source: [Department of Health and Human Services, Centers for Disease Control and Prevention Vaccine Information Statement](https://www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.pdf)  
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/rabies.pdf>

## Part 2 - Training Points for Employees Offered Vaccinations, page 2

### **What if there is a moderate or severe reaction? What should I look for?**

**Moderate reactions include:** Soreness, redness, swelling, or itching at the site of the injection, and headache, nausea, abdominal pain, muscle aches, or dizziness can happen after Rabies vaccine.

- Hives, pain in the joints, or fever sometimes happen after booster doses.
- Very rarely, nervous system disorders such as Guillain-Barré syndrome (GBS) have been reported after Rabies vaccine.
- People sometimes faint after medical procedures, including vaccination.

Tell your provider if you feel dizzy or have vision changes or ringing in the ears. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death

**Severe Reaction** includes an allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

### **What should I do?**

- **Tell** your doctor what happened, the date and time it happened, and when the vaccination was given.
- **Ask** your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

Or you can file this report through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967. *VAERS does not provide medical advice.*

### **The National Vaccine Injury Compensation Program**

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation).

### **How can I learn more?**

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):

Call **1-800-232-4636**

Vaccine Information Statement website: <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>