

## **Appendix B: Vaccination Declination Form**

I understand that due to my occupational exposure to reservoir animals or other potentially infectious materials I may be at risk of exposure to rabies. I have been made aware of the risks and given the opportunity to be vaccinated. However, I decline pre-exposure rabies vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring rabies, a fatal disease. If in the future I continue to have occupational exposure to reservoir animals or other potentially infectious materials and I want to be vaccinated with the rabies vaccine, I can receive the vaccination series.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_