THIS FORM MUST BE RETURNED BY AUGUST 1, 2022

Email to: vet-studaf@vet.upenn.edu

CERTIFICATION OF RABIES VACCINATIONS

All students must submit this form to the Office for Students and include full documentation if previously vaccinated. All students who have been previously vaccinated must also upload documentation to the Student Health Services Immunization Compliance Office website.

Please Check One:		
I agree to pay a total of app. Student Health Services for insurance carrier provides re	Rabies vaccinations. Please schedule me for my two inoculations at Student roximately \$750.00 (~\$375.00 per injection) to the University of Pennsylva the three vaccinations to be administered by Student Health Services. If meimbursement for these services, it is my responsibility to file a claim unless ty-sponsored Penn Student Insurance Plan (PSIP), in which case Student Health.	ania ny health ss I am
I have received my form.	Rabies vaccinations. Full documentation of my vaccinations is included w	ith this
product, dates administered, and valid without this documentation Any student presenting documen original vaccinations. The reaso	ared by a licensed human-health care provider and must include the following documentation ame and address of administering office. Your verification of vaccination will not be concord. The record must be signed and dated by a nurse or physician. Itation from a wildlife or rehab center is required to present a positive rabies titer regardles on for this is that often pre-exposure rabies vaccinations given at these centers is actually officered "off-label." Any necessary booster and required re-titer must be submitted and accessive the pre-exposure rabies and required re-titer must be submitted and accessive the pre-exposure rabies.	onsidered as of date of only 1/10 of
-	Please print your Name and current Email Address	
-		

Please sign your name