#####  University of Montana

**Rabies Pre-Exposure Prophylaxis (PrEP)**

**Vaccination Declination Form**

**Name:**

**790 #:**

**Phone:**

**e-mail:**

***CHOOSE EITHER OPTION 1 OR OPTION 2:***

**OPTION 1**: If you are a **student or MUS employee** and elect to receive Rabie Pre-Exposure Prophylaxis (PrEP) vaccination, fill out the vaccine request, sign and take to Curry Health Center or to a clinic or physician of your choice and return the form to your immediate supervisor with confirmation of your vaccination and subsequent titer.

**Vaccine Request**

I have read and understand the recommendations on risk categories and exposure as described by the [CDC](https://www.cdc.gov/rabies/prevention/pre-exposure_vaccinations.html). I elect to receive the PrEP vaccine and understand that as a student or MUS employee, I am responsible for the cost of the vaccination series and subsequent titer analysis.

Signature: Date:

OPTION 2: If you are a student or MUS employee and elect (A) NOT to receive the PrEP vaccine, or (B) if you have been previously vaccinated, please sign this form and give it to your immediate supervisor.

A. Hepatitis B Vaccine Declination

I understand that due to potential exposure to rabies or potentially infectious materials, I may be at risk of acquiring rabies infection. I have reviewed the [CDC](https://www.cdc.gov/rabies/index.html) information about the PrEP series, however, I decline the PrEP vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring rabies, an incurable and fatal disease.\* If I subsequently decide to be vaccinated, I am responsible for the cost of the vaccination series and titer analysis.

Signature: Date:

***\* Unvaccinated individuals who are exposed to rabies must be seen by a medical professional and costs for initial immunoglobulin treatment and vaccination can cost up to $30,000. The Individual is responsible for all costs incurred.***

##### B. If previously vaccinated, complete the following information:

Date of PreP Vaccination Result/Titer  Facility

Signature: Date: