



Inter American University of Puerto Rico
Guayama Campus
Department of Animal and Agricultural Sciences
Veterinary Technology Program

Informed Consent for the Rabies Vaccination

I, (name and surname) _____, with identification number _____ as a student who may be exposed to the rabies virus due to the functions performed, and after being informed about the risks and benefits of vaccination by _____ who is a health professional:

UNDERSTAND:

- The purpose, benefits and risks of the recommended vaccine(s).
- The consequences of not receiving the vaccine that may include:
 - To contract the disease that the vaccine can prevent
 - The effects on my health after contracting the disease
 - That the disease can be transmitted to other people
 - My responsibility for the payment of medical, hospital and any other related expenses if I suffer the disease

_____ **I ACCEPT** that I received the vaccine against the rabies virus.

After evaluation the information provided, and knowing that I can reconsider my decision at any time and request vaccination:

_____ **I DECLINE** the vaccine administration

Signature

Date