

DOCTOR'S PERMISSION FOR RABIES VACCINATION ADMINISTRATION

The individual named below is enrolled into the Veterinary Technology Diploma Program at Douglas College. As part of its Veterinary Technology teaching program, Douglas College provides veterinary care to shelter and rescue-origin animals with unknown rabies exposure history. These animals may pose a risk of Rabies exposure to students.

As per the [BC Centre for Disease Control](#) Rabies Guidance for Veterinarians: Veterinary practice facilities ..... are required to be compliant with the WorkSafe BC Occupational Health and Safety Regulation. WorkSafe BC requires that All staff who are at low, moderate, or high risk of rabies exposure (as determined by a risk assessment) will be offered the pre rabies vaccination. Staff members who refuse to be vaccinated will be given work that will not expose them to potentially rabid animals.

I \_\_\_\_\_ give permission for \_\_\_\_\_,  
(NAME OF DOCTOR) (NAME OF STUDENT)  
to have a preventative Rabies vaccine series which consists of 3 separate injections.

Public Health Nurse or Medical Doctor \_\_\_\_\_ Date \_\_\_\_\_  
Signature

PLEASE PRINT NAME AND ADDRESS USE OFFICE STAMP

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_