University of Minnesota College of Veterinary Medicine
Immunization Form

The College of Veterinary Medicine (CVM) requires that learners in the program meet the following requirements below.

- **This form is required and immunization records cannot be accepted or submitted in its place.**
- This form must be completed, signed and dated by a health care provider and submitted via email to immunizations@umn.edu.
- **Keep a copy** of this form and any other documentation for your personal immunization records.

Last Name | First Name | Middle Name
---|---|---
Date of Birth (month/day/year) | Email Address | UMN ID Number
Street Address | City | State, ZIP Code

College or School | College of Veterinary Medicine

<table>
<thead>
<tr>
<th>Required Immunization</th>
<th>Dose Date Month/Day/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Vaccination</td>
<td></td>
</tr>
<tr>
<td>*Document three doses</td>
<td></td>
</tr>
<tr>
<td>(Day 0, Day 7**, booster Day 21 or after)</td>
<td>Dose 1 Rabies date  Dose 2 Rabies date  Dose 3 Rabies date</td>
</tr>
</tbody>
</table>

*Please note: While the CDC may have different recommendations based on an individual’s risk category, the CVM REQUIRES three doses, with no titer or additional pre-exposure prophylaxis (PrEP) doses needed thereafter.

**The dosage between Day 0 and Day 7 are very strict and should be adhered to in order to prevent having to restart the series.

A healthcare provider must sign this form. Self-signature will not be accepted.

To the best of my knowledge all the dates and immunizations listed on this form are accurate.

Provider’s Signature (MD, NP, PA, RN, PharmD, DO): ____________________________Title: ____________________________

Provider’s Name Printed: _____________________________________________Date: ____________________________

Clinic Address: _____________________________________________________________________________________

For questions regarding this form, or to submit completed form, email immunizations@umn.edu

2/2024