

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		

<u>Required Immunization</u>	<u>Dose Date</u> <u>Month/Day/Year</u>		
<u>Rabies Vaccination</u> <u>*Document three doses</u> <u>(Day 0, Day 7**, booster Day 21 or after)</u>	___/___/___ Dose 1 Rabies date	___/___/___ Dose 2 Rabies date	___/___/___ Dose 3 Rabies date
<p>*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.</p> <p>**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.</p>			

2/2024

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