

Office of Academic Affairs (0442) VMCVM, Phase III, Suite 226 Blacksburg, VA 24061 Phone: 540-231-4090 | Fax: 540-231-9290 Email: acadaff@vt.edu www.vetmed.vt.edu

## **Required Immunizations**

At least one month prior to starting your clinical rotations at VMCVM, You must provide actual proof of immunizations for:

- Proof of Tetanus Immunizations must be within the last 10 years.
- Proof of Rabies with actual results of titer within the last three years must reflect  $1 \ge 0.5$ .

Rabies is a zoonotic disease almost invariably fatal once clinical signs appear. Humans are well protected against clinical rabies by vaccination. You, as a student at the VMCVM, will be in the highest risk category for rabies exposure. It is the policy of the VMCVM to provide the best protection for its students against serious health hazards and therefore **rabies vaccination is required**. The current recommended immunization program consists of an initial series of three intramuscular injections, at 0, 7, 21 or 28 days, of Purified Chick Embryo Cell vaccine (PCECV). Every two years, titration, and in the case of low antibody titer, subsequent booster inoculation should follow the initial immunization series.

You may already have received rabies immunization, and will not require immediate vaccination upon your entry to the VMCVM. You are required however, to certify that you have been immunized or titered and provide these results to VMCVM. Should you be exposed to rabies, you should receive an immediate booster.

The VMCVM recognizes that you may have grounds for objecting to rabies vaccination, such as a history of severe hypersensitivity to vaccinations, religious or ethical reasons. If you have objection to any future rabies vaccinations, you must indicate so in an official letter to VMCVM and bear the possible consequences of your refusal to accept rabies immunization in case you should be exposed. If your refusal is on medical grounds, proof of previous hypersensitivity reaction from your family physician is required. In case of your refusal of vaccination for medical, religious, or ethical reasons, you are required to sign a release form absolving Virginia Tech of legal responsibilities for the possible consequences of your exposure to rabies.

Forward SIGNED proof of current vaccinations for rabies along with the actual results of your rabies titer and SIGNED proof of current vaccination for tetanus to: Office of Academic Affairs Virginia-Maryland College of Veterinary Medicine 245 Duck Pond Drive - (Mailstop 0442) Blacksburg, VA 24061-0443

Or, Fax to 540-231-9290

You **will not be permitted** to participate in senior shadow or your clinical rotations until these records have been received and verified.



