



Veterinary Technology STUDENTS ONLY

Immunizations and Health Insurance Requirements

Statement:

All students enrolled in the Program of Veterinary Technology must be fully immunized with a pre-exposure rabies prophylactic vaccine series and tetanus toxoid and must carry health insurance during the full period of matriculation at Manor College.

Why are rabies and tetanus immunizations and health insurance required before matriculation?

The Program's curriculum includes many laboratories in which students will be working directly with animals. Animals are unpredictable and can carry diseases that can be passed to humans. Though it is a rare disease, all mammals can carry rabies, particularly those with unknown immunization histories such as strays that come from shelters. The Program uses shelter animals in many of its courses. Therefore all students enrolled in the Program of Veterinary Technology must be immunized against rabies (or qualify for a medical or religious exemption). The pre-exposure rabies immunization series is a 2- or 3-shot series that may or may not be covered by personal health insurance. The cost of the series is about \$900-\$1,200, but this can increase without notice. All students must receive the full series and should allow 8 weeks for its completion.

Students can be exposed to viral and bacterial infections from bite wounds and other contact with animals; therefore, all students in the Program must be immunized against tetanus, and must carry health insurance for the duration of their matriculation at Manor College.

Students are responsible for their own health-care costs including the rabies immunization series. Some health insurance policies do not cover pre-exposure rabies immunizations.

How do I prove that I have received the rabies and tetanus immunizations?

Completion of the IHIR form is required as evidence that rabies and tetanus immunizations have been received. Students will not be permitted to take VT107 Animal Handling and Husbandry or any other course that requires hands-on training with animals until this form is completed and returned to the Veterinary Technology Office. When completed, students should make a copy of the IHIR form for their own records.

Where can I go to get the Pre-Exposure Rabies Prophylactic immunizations?

Pre-exposure rabies prophylactic immunizations can be administered by a family physician or by a physician in an Occupational and Environmental Health Department at a hospital near you. Some drug stores, such as Walgreens at the Noble Town Center in Jenkintown, PA, may also administer the vaccine.

Returning a Signed Form:

Be sure to take the IHIR form with you to your appointments and have it signed each time you go. When completed, copy or photograph the IHIR form for your records then mail the original to:

**SHARON MADDEN
Program of Veterinary Technology
Manor College
700 Fox Chase Road
Jenkintown, PA 19046**

Vet Tech Verification Form

Completed form is due to the Veterinary Technology Office prior to the first day of classes.

Student's First Name

Middle Initial

Student's Last Name

The following is to be completed by a physician:

1. Rabies IM Pre-exposure Rabies Prophylaxis

Day 0: _____ Date given	Day 21 or 28: _____ Date given
Day 7: _____ Date given	Students with a protective titre do not require additional immunization against rabies. Titre: Protective? Yes___ No
Physician's Signature _____ Date _____	

2. Tetanus Toxoid

Please confirm that patient is protected against tetanus. If booster is required, an immunization must be administered prior to the commencement of classes (Aug. 30 for fall semester or Jan. 15 for spring semester).

Date of last tetanus immunization

Physician's Signature

Immunizations NOT administered: Rabies _____ Tetanus toxoid _____	
Medical Exemption: The administration of rabies pre-exposure prophylaxis and/or tetanus toxoid may be contraindicated in students with some medical conditions. If the student is exempt from receiving these immunizations, the physician must sign below: Physician's Signature _____ Date: _____ Physician's Name _____ Address: _____	
Religious Exemption: Attach a letter from clergy or attach a statement of beliefs below.	

3. Health Insurance

To confirm that you carry current and active health insurance, please xerox a copy of your health care card (front and back) and staple it to this form.