

# COLUMBUS STATE

## VETERINARY TECHNOLOGY

### MEDICAL EXEMPTION FOR RABIES VACCINATIONS

(To be signed ONLY by a student for whom a vaccination is medically contraindicated)

Students must provide proof of vaccinations prior to participating in live animal labs and kennel duties. **This form must be signed by a student requesting an exemption from the vaccine requirement where vaccination is medically contraindicated.** If a particular vaccination is medically contraindicated, a medical report indicating such contraindication must be submitted for that particular vaccination. The medical report must include which vaccines are contraindicated by the student's medical conditions, and whether the treating physician or licensed practitioner recommends the student to be exempt from the vaccination requirement. The statement must be signed and dated by the physician or licensed practitioner and include credentials, business address, business phone number, and business email address. Medical contraindication for a particular vaccination does not exempt the student from any other vaccination requirement.

#### **INFORMED CONSENT:**

I understand that completion of a Practicum is a requirement for Veterinary Technology degree completion. I understand that some practicum sites may not allow me to rotate at their facilities because I do not meet their vaccination requirements, regardless of medical contraindication. I understand that many practicum sites will not allow me to rotate without proof of immunity from Rabies and a current Tetanus vaccination. I understand that failure to meet the vaccination requirements could result in my inability to complete my degree program. I understand that CSCC has no control over the specific vaccination requirements of the practicum sites. I understand that I will not be given preference over other students for practicum sites based on my vaccination status.

I understand the risks associated with enrolling in the degree program without the required vaccinations, and I hold CSCC harmless from any liability or claim that I may have against CSCC with respect to bodily injury, personal injury, illness, death, or property loss directly related to labs and clinical rotations as it relates to vaccination requirements.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Cougar ID: \_\_\_\_\_