



**Addendum to Rabies Vaccine:
What You Need to Know
Vaccine Information Statement**

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
7. I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Biological(s) given: Human Rabies Immune Globulin (HRIG) Rabies Vaccine

| Information about person to receive rabies vaccine and/or Human Rabies Immune Globulin (HRIG) (Please type or print clearly) | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|-------|----------------|---------------------------|-----------------------------------|
| Name: Last | First | Middle Initial | Birthdate (mm/dd/yy) | Sex (circle one) M F |
| Address: Street | City | County | State TX | Zip |
| x _____ Signature of person to receive rabies vaccine and/or HRIG or person authorized to make the request (parent or guardian) | | | Date: _____ (mm/dd/yy) | |
| x _____ Signature of person who reviewed this form with recipient of rabies vaccine and/or HRIG (witness) | | | Date: _____ (mm/dd/yy) | |
| x _____ Signature of attending physician | | | Date: _____ (mm/dd/yy) | |

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

FOR CLINIC USE ONLY

| Biologicals | Dosage | Date Administered | Lot Number | Expiration Date |
|---------------------|--------|-------------------|------------|-----------------|
| HRIG | | | | |
| Rabies Vaccines # 1 | | | | |
| Rabies Vaccines # 2 | | | | |
| Rabies Vaccines # 3 | | | | |
| Rabies Vaccines # 4 | | | | |
| Rabies Vaccines # 5 | | | | |

Notice: Alterations or changes to this publication is prohibited

Instructions: File this consent statement in the patient's chart.