

Veterinary Medical Center  
**Volunteer Immunization History**

The Veterinary Medical Center at the University of Minnesota requires that volunteers provide documentation of appropriate screening/immunization or sign a statement indicating they choose not to be immunized.

1. Have you had a **Tetanus** booster within the last ten years?
  - Documentation from my health care provider is attached.
  - I choose not to be immunized. As an individual who handles animals in my volunteer position at the University of Minnesota, I understand that I am at increased risk of acquiring Diphtheria-Tetanus infection. I choose not to have the vaccination for personal or medical reasons and voluntarily assume the risks and costs associated with my decision not to be vaccinated for Diphtheria-Tetanus.
  
2. Have you completed a series of three **Rabies** vaccinations?
  - Yes. Documentation from my health care provider is attached.
  - I choose not to be immunized. As an individual who handles animals in my volunteer position at the University of Minnesota, I understand that I am at increased risk of acquiring rabies. I choose not to have the vaccination for personal or medical reasons and voluntarily assume the risks and costs associated with my decision not to be vaccinated for rabies.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_