

Verification Form

Program of Veterinary Technology

**Please complete this form together with the physician, and return it to:
Dr. Joanna Bassert, Manor College, 700 Fox Chase Road, Jenkintown, PA 19046
prior to August 30th.**

DO NOT RETURN THIS FORM TO THE ADMISSIONS OFFICE

All students admitted to the Program of Veterinary Technology must be immunized against Rabies and Tetanus (or be exempted by a physician), and must carry personal health insurance prior to matriculation at Manor College. This form must be completed by the student and signed by the attending physician as verification of coverage. Students will not be permitted to take any courses that require hands-on training with animals until this form is completed and returned to the Veterinary Technology Office. Students should make a Xeroxed copy of this form when completed, for their own records.

Student's Full Name and Address:

Date: _____

(last name)

(first name)

(middle initial)

(street)

(apartment number)

(city)

(state)

(zip code)

(phone number)

(e-mail address)

I. Rabies:

It is recommended that rabies immunizations be given by the Occupational and Environmental Health Department of a local or regional hospital and not by the family physician. We particularly recommend the **Center for Occupational and Environmental Health at the Abington Memorial Hospital**. Because many Manor Veterinary Technology students have been immunized there over the years, the physicians maintain the correct vaccines in stock and are familiar with their administration. For appointments call **(215) 481-5904**. Students should allow 8 weeks for completion of the rabies series. Tetanus boosters, if required, may also be given on one of the three days when rabies is administered. Incurred costs are the responsibility of the student and are not part of a financial aid budget.

I. Imovax Rabies IM

Pre-exposure Rabies Prophylaxis OR Positive Titre

3-Dose IM Series:

1. Day 0: _____
Date given

2. Day 7: _____
Day given

If pre-exposure rabies was previously administered, a positive titre would substitute for a booster.

3. Day 21 or 28: _____
Date given

Titre: _____ Positive? Yes ___ No ___

(Physician's Signature)

(date)

II. Tetanus Toxoid

Every student must be protected against tetanus. Please confirm with your physician that you are protected against tetanus. If a booster is required, you will need to have the immunization administered prior to August 30th.

(Date of last tetanus immunization)

(Physician's Signature)

(date)

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)

Immunizations **NOT** administered: Rabies _____ Tetanus toxoid _____

Reason for exemption: _____

III. Health Insurance:

To confirm that you carry current and active health insurance, please Xerox a copy of your health care card and staple or tape the copy to this form in the space below.

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Program of Veterinary Technology
Manor College
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