



Texas Department of State Health Services

Addendum to Rabies Vaccine Information Statement

Instructions for physician/clinic: Review and complete the information with the patient, obtain necessary signatures, and file the consent in the patient's chart.

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

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

| Information about person to receive rabies vaccine and/or Human Rabies Immune Globulin (HRIG) | | | | |
|---|-------|----------------|-------------------------|-----|
| Name: Last | First | Middle Initial | Birthdate (mm/dd/yy) | Age |
| Address: Street | City | County | State TX | Zip |
| <p><input checked="" type="checkbox"/> _____ Date _____ Signature of person to receive rabies vaccine and/or HRIG or person authorized to make the request (parent or guardian) (mm/dd/yy)</p> <p><input checked="" type="checkbox"/> _____ Date _____ Signature of person who reviewed this form with recipient of rabies vaccine and/or HRIG (witness) (mm/dd/yy)</p> <p><input checked="" type="checkbox"/> _____ Date _____ Signature of attending physician (mm/dd/yy)</p> | | | | |

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 | | | | |

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.

Notice: Changing this publication is prohibited without the express written consent of the Texas Department of State Health Services, Immunization Branch.