

Concise Health Solutions Immunization Form Seneca Veterinary Program

TO BE COMPLETED BY PHYSICIAN				
Name of Student		Student Number		
Rabies	Dose 1 date	Dose 2 (7 days after dose 1) date	Dose 3 (21 days after dose 1) date	
Serology	Date completed (One month after dose 3)	Results	Immune	Not Immune
Rabies				
<b>Booster required if serology results are below 0.5 IU/ml</b>				
Rabies booster required?	Yes		No	
Date Rabies booster given		Date		
Serology	Date completed (One month post booster)	Results	Immune	Not Immune
Rabies				

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Physician Stamp			
Physician Name	Telephone No.	Date of Completion	Signature