

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER

바이러스 백신 접종 동의서 광견병

(VIRUS VACCINE CONSENT FORM RABIES – Korean)

Vaccine # 3

Adverse Reaction to 1st vaccine _____

_____ Right deltoid IM _____ Date of VIS
Manufacturer Lot# Exp Date Date of Vaccination Left deltoid IM _____ Date VIS read

Employee Health Nurse Signature