

シンシナティ小児病院医療センター
ウィルスワクチン接種同意書 狂犬病
(VIRUS VACCINE CONSENT FORM RABIES – Japanese)

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

Employee Health Nurse Signature

5/22/2008 狂犬病同意書
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白：保険職員控え

黄：職員控

5/22/2008 Rabies consent White copy to Employee Health

Yellow copy to Employee