



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  
え

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