

辛辛那提儿童医院医疗中心

接种病毒疫苗知情同意书 狂犬病

(VIRUS VACCINE CONSENT FORM RABIES - Chinese)

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

Employee Health Nurse Signature