



ID# \_\_\_\_\_

Center for Health, Wellness and  
Personal Counseling, Room HS100  
400 Paramus Road  
Paramus, NJ 07652-1595  
Office (201) 447-9257  
Email [healthservices@bergen.edu](mailto:healthservices@bergen.edu)

Form submission link: <https://lf.bergen.edu/forms/hs0001>

VETERINARY TECHNOLOGY PROGRAM IMMUNZATION REQUIREMENTS

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**Inactivated Rabies Vaccine**

Please list type: \_\_\_\_\_ Route \_\_\_\_\_

Dose 1 (m/d/y) \_\_\_\_\_ Dose 2 (m/d/y) \_\_\_\_\_  
0 days 7 days

LICENSED HEALTH CARE PROVIDER:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER:

ADDRESS, PHONE NUMBER AND STAMP \_\_\_\_\_

\*\*\*\*\*

**Name of Health Insurance Company Group** \_\_\_\_\_  
(Copy of insurance card must be attached)