

## Request for Free State-Supplied Rabies Vaccine

### CONDITIONS

In accordance with 10A NCAC 42A .0160 Fees, rabies vaccine may be provided without charge for an individual who meets ALL of the following criteria:

- (1) The individual's family income is at or below the federal poverty level in effect on July 1 of each fiscal year as determined by the local health department;
- (2) The individual meets the residency and other requirements set forth in 10A NCAC 45A .0201, except that the individual shall not be eligible for Medicaid or health insurance reimbursement for rabies post-exposure treatment as determined by the local health department; and
- (3) The treatment is recommended by a physician licensed to practice medicine.

### AFFIDAVIT

On behalf of \_\_\_\_\_ (patient name), who meets **ALL OF THE ABOVE CRITERIA**, I am requesting post-exposure prophylaxis rabies vaccine to be provided without charge.

Date(s) of Treatment \_\_\_\_\_

County of Residence \_\_\_\_\_

Health Director or Attending Physician \_\_\_\_\_

**NOTARY PUBLIC CERTIFICATION:** State of \_\_\_\_\_ County of \_\_\_\_\_

I, as a Notary Public of the said State and County, do hereby certify that \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and executed the foregoing instrument.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_

Signature of Notary \_\_\_\_\_

My commission expires \_\_\_\_\_

**Please complete this form; After the rabies biologics are received, send the original copy of this form along with the invoice to:**

NC State Laboratory of Public Health  
PO Box 28047  
Raleigh, NC 27611