

To enroll for services with the WRHA Rabies Occupational Health Services Program, please complete the information below.

Place of Employment:							Work Phone Number:				
Required Information							Choose one option			Complete if known	
First Name	Last Name	Date of Birth	Manitoba Health #	Home Mailing Address with Postal Code	Personal Phone Number (home &/or cell where message can be left)	Work Role	New Employee: Status Unknown	New Employee: Needs Primary Series	Received Previous Rabies PEP: Needs Serology	Date of Last Serology	Date of Previous Immunization Series
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Please fax completed form back to Rabies Occupational Health Program, Winnipeg, Manitoba
 Attention: WRHA Rabies Occupational Health Program Fax: 204-940-8409 Phone: 204-940-1730