

Request for Free State-Supplied Rabies Vaccine

CONDITIONS

In accordance with 10A NCAC 42A .0106 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, 201__

Signature of Notary _____

My commission expires _____

**Please complete and send the original copy
along with the invoice to:**

N.C. State Laboratory of Public Health
PO Box 28047
Raleigh NC 27611