
***University of Texas Employee Health Clinical Services***

Animal Minimum Exposure Acknowledgement Form

**TYPE OR PRINT CLEARLY**

|  |  |
| --- | --- |
| Name:  | Date of Birth: Gender: 🞎 Male  🞎 Female  |
| Street Address: | City/State/ZIP/Country: |
| Your Contact Number(s): | Your email: |
| Your Employer or Sponsoring Agency: | What is the estimated length of stay at UTH?Days \_\_\_\_\_\_ Months \_\_\_\_\_\_ |
| UTH Faculty Host: | UTH Host Department/School: |
| Job Title:  |
| The University of Texas Health Science Center at Houston (UTHealth) has provided me with the opportunity to review the handout, *Occupational Health for Individuals Exposed to Animals in their Studies or Work (*<http://www.uthouston.edu/animal-research/osha.htm>). I understand there may be risks associated with laboratory environments and animal exposures that could possibly result in illness or injury. Such risks include: physical, biological, chemical, and radiologic hazards. If I experience an illness or injury while I am visiting UTHealth, or I feel unsafe in any situation, I understand that I should notify my host or sponsoring agency immediately.  |
| Your Signature: | Date: |

If you will be participating in activities at UTHealth longer than one (1) day, please indicate your classification:

 **( ) Observer ( ) Pre-baccalaureate trainee ( ) Professional trainee**

**Your application will not be considered unless supporting documentation is included:**

1. Minimum exposure visitors participating in activities involving Animal exposure are required to have and present proof of the following:
	1. **Tuberculin (TB) skin test (PPD) required within the last 6 months, even if you received BCG vaccine as a child.**
	2. Date of last TB skin test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(ATTACH DOCUMENTATION OR LABORATORY REPORT)**
		1. Result:\_\_\_\_\_\_\_\_\_\_ Negative\_\_\_\_\_\_Positive (measurement\_\_\_\_\_\_\_\_\_ mm if available)
	3. Have you ever had a positive tuberculosis (TB) skin test? \_\_\_\_\_ Yes \_\_\_\_ No If yes, when? \_\_\_\_\_\_\_\_\_
		1. Chest x-ray findings if PPD is positive (attach x-ray report) Date of chest x-ray: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. MMR/Measles booster. Two (2) doses of measles vaccine if born after January 1, 1957, administered on or after your first birthday and at least 30 days apart. Or **laboratory report** of positive rubeola, mumps, and rubella titers.
		1. Dates of MMR booster (attach report) #1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Tetanus /Diphtheria or Tdap One dose within the past 10 years Date of last Tetanus/Tdap: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Attach Report)**

All applicants must submit this completed form to **Employee Health Clinical Services (EHCS)** by fax to (713) 486-0983 . You **MUST BE APPROVED by EHCS** prior to any animal exposure. Approval will be sent to your email address noted above.