

**ANIMAL WORKER  
PERSONNEL INFORMATION FORM**

**SECTION A**

**WORKER INFORMATION**

**Check all that apply:**

Name: \_\_\_\_\_

Employee \_\_\_ Faculty \_\_\_ Staff \_\_\_  
Student (undergrad) class of \_\_\_ (grad) \_\_\_

SS#: \_\_\_\_\_

PI or Supervisor: \_\_\_\_\_

Check the animal(s) you will handle: *Mice Rats Rabbits Birds Cats Primates Fish*  
Other \_\_\_\_\_

**SECTION B**

**PATIENT EXPOSURE INFORMATION**

I have completed the web-based training for animal workers and have discussed with Employee Health staff the risk prevention measures associated with those animal-related diseases/exposures checked in the list below. Based on the information I have received, I willingly assume the risks attendant to my research, study, or employment and agree to take the necessary and proper precautions and procedures for my protection.

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Monkey B virus                | <input type="checkbox"/> Cat Toxoplasmosis      | <input type="checkbox"/> Salmonella/Campy/<br>Shigella |
| <input type="checkbox"/> Animal Allergies              | <input type="checkbox"/> Psittacosis/Ornithosis | <input type="checkbox"/> Wound Care                    |
| <input type="checkbox"/> Rat Bite/Cat Scratch<br>Fever | <input type="checkbox"/> Tuberculosis           | <input type="checkbox"/> Field Study Exposure          |

(The veterinarian can advise which of these diseases are known to be currently present in your animals.)

\_\_\_\_\_  
*Patient Signature*

\_\_\_\_\_  
*Medical Reviewer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*