

**PURDUE UNIVERSITY  
ANIMAL EXPOSURE OCCUPATIONAL HEALTH PROGRAM**

**PARTICIPATION/DECLINATION FORM**

Completion of this form is required for all Purdue University personnel having laboratory animal exposure associated with their employment, study, or work on an approved Purdue Animal Care and Use Committee Protocol at this institution.

**Instructions:**

Visit <http://www.purdue.edu/research/vpr/rschadmin/rschoversight/animals/occhealth.shtml> to review Purdue University's Animal Exposure Occupational Health. After reviewing the information, complete and return this form to **AEOHP/REM/CIVL** via campus mail (West Lafayette Campus).

Type or Print Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Email Address: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Building: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

**Place check before all appropriate items:**

1.  I have reviewed the Animal Exposure Occupational Health Program.
2.  I understand that my animal contact may be considered a health risk and that I am invited to participate in the Animal Exposure Occupational Health Program.
3. I have read or understand that the following immunizations are recommended:
  - a.  Tetanus - All personnel having animal contact.
  - b.  Rabies - Persons exposed to unvaccinated dogs/cats, carnivores, rabies-suspect species.

**Tetanus** is a disease caused by a common soil bacterium (*Clostridium tetani*). When introduced into your system, usually by a puncture wound, it produces an exotoxin that causes painful muscular contractions. Fatality rates: 10 to 90 percent.

**Rabies** is a disease that is caused by a virus (*Lyssavirus*). This is an invariably fatal disease that is transmitted from contact with virus laden saliva or tissue from infected animals, i.e., punctures, bites or scratches.

**Note: Both of these diseases can be prevented by vaccination.**

4. In recognition of the above:  
 I **ACCEPT** participation in the Animal Exposure Occupational Health Program. (You will receive additional follow-up paperwork and contact information for the Occupational Health Care Provider).  
 I **DECLINE** to participate in the Animal Exposure Occupational Health Program.

Signature of Individual: \_\_\_\_\_ Date: \_\_\_\_\_