

Meharry Medical College
Occupational Health Registration Form for Animal Contact

All Meharry Medical College employees and students who have contact with live vertebrate animals must register with the Occupational Health Program. Complete this form; then call the Employee Health Center (EHC) at 327-5857 or 5757, to schedule an appointment with the physician on duty. Bring the completed form to your appointment on the **third floor of the Old Meharry Hospital room 331 of the Meharry Family Practice Office, to receive a physical examination.**

Vaccinations (Check all that apply)

1. I have had a tetanus shot within the last ten years. Date:
2. I have had a rabies shot within the last two years. Date:

Category of Exposure

I work with the following (Check all that apply)

1. Human pathogens such as *Mycobacterium tuberculosis*, *Leishmania*, *Trypanosoma cruzi*, African trypanosomes.
2. Carcinogenic agents, teratogens, or substantial exposure to toxins
3. Animal-related HIV tissues or products
4. Unvaccinated carnivores, sheep, goats, or non-human primates

If you checked anything in items 3-6, you fall in Exposure Category 1. Complete items 7-9.
If you didn't check anything in items 3-6, you fall in Exposure Category 2. Complete items 10-13.

Category 1

1. I understand that I am a Category 1 worker and am required to participate in the health assessment program operated by Meharry's Occupational Health Service.
2. I understand that working with animal-related HIV tissues or products, unvaccinated carnivores, sheep, goats, or nonhuman primates requires me to provide a serum sample for banking and analysis before and after exposure to animals or animal products.
3. I understand that working with (List agent, e.g. Leishmania)
4. I understand that Category 1 workers must have had a tetanus vaccination within the last 10 years, and must receive pre-exposure rabies immunization when working with unvaccinated carnivores.

Category 2

1. I understand that workers in Category 2 must have received a tetanus vaccination within the last 10 years.
2. I understand that workers in Category 2 are not required to receive a health assessment or medical monitoring; but that persons at risk of contracting a serious illness from exposure to animals are encouraged to participate in the health assessment program of the Occupational Health Service.
3. I understand that persons in the following categories are strongly encouraged to participate in the health assessment program of the Occupational Health Service: all pregnant persons; individuals with allergies; persons with compromised immune systems, such as those taking immunosuppressive medications or those who test positive for HIV virus or tuberculosis; persons with valvular heart diseases.
4. I understand that I am responsible for reading the information on zoonoses

Complete the information below. Please type.

Name:	<input type="text"/>	Species used:	<input type="text"/>
SSN: <i>last 5 digits required</i>	<input type="text"/>	Contact Hours per/week:	<input type="text"/>
Department:	<input type="text"/>	Email/Phone:	<input type="text"/>
PI/ Supervisor:	<input type="text"/>	Supervisor's Phone:	<input type="text"/>
Project Title:	<input type="text"/>		
Signature of applicant	<input type="text"/>	Occupational Health Staff Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>