

Washington State University – Animal Contact Program

PARTICIPATION / DECLINATION FORM (Revised 06/08)

Completion of this form is required for all WSU individuals having animal contact associated with their employment or work at this institution. Each person should complete an individual form.

Instructions: Visit the web site at: www.ehs.wsu.edu/acpohs.htm or contact Environmental, Health & Safety (EH&S) at (509) 335-9553 to receive a hard copy packet of information. **After reviewing the information, complete this form and return it to Gary Turner, Office of the Campus Veterinarian, campus zip – 1165 or FAX to (509) 335-3162.**

Last Name:	First Name & M.I.:	WSU ID#:
Campus Mail Stop:	Campus Phone:	Dept./College:

Principal Investigator and/or Supervisor's name: _____

Please check all 7 items:

- I have reviewed the WSU Animal Contact Program information which is located on the web at www.ehs.wsu.edu/acpohs.htm OR have received a hard copy packet of current information from EH&S.
- I do the following animal work (includes holding, feeding, cleaning or handling of unfixed tissues, exposure to animal waste): unvaccinated dogs/cats, carnivores or rabies-suspect species, perform intrauterine surgery on or work with pregnant sheep or goats, purpose-bred dogs/cats, laboratory rodents, livestock, rabbits, handle other species (**please list**); _____.
- I have read or understand that the following immunizations are strongly recommended:
Tetanus – All personnel having animal contact
Rabies – Individuals exposed to unvaccinated dogs/cats, carnivores, rabies-suspect species
- Tetanus immunization status:
 I have already had a tetanus shot within the last ten years on (please enter approximate immunization date) _____ **OR** I need to have a tetanus shot.
- Rabies immunization status:
 I do not have contact with unvaccinated dogs/cats, carnivores or rabies-suspect species – Not Applicable
 I have already had the rabies immunization series on (please enter approximate immunization date) _____ **OR**
 I need to have the rabies immunization series.
- I have read or understand that my animal contact may be considered a health risk and I am invited to participate in the Medical Health and Risk Assessment element of the program.
- In recognition of the above: I **accept** participation in the Medical Health and Risk Assessment element of the program **OR** I **decline** participation in the Medical Health and Risk Assessment element of the program. Make sure you have reviewed the Animal Contact Program at www.ehs.wsu.edu/acpohs.htm.

For research personnel only: List current IACUC ASAF number(s) your name is listed on: _____

Signature of Individual: _____, Date: _____

Return completed form to Gary Turner, OCV, campus zip – 1165 or FAX to: (509) 335-3162