



University of Central Arkansas Occupational Health and Safety for Animal Lab Personnel Documentation Form

I certify that I have received the following information (check those that apply):

Reporting an Injury

Personal Hygiene

Zoonoses

Human Allergies to Animals

Pregnancy, Illness, or decreased Immuno-Competence

Other Hazardous Materials

I have read this information and have had an opportunity to ask questions. Federal policies requires the University of Central Arkansas to document that this information has been provided to you.

Animal Care Personnel Name: _____

Signature of Animal Care Personnel

Date

Check One:

Faculty Investigator

Student Investigator

Staff

Faculty Advisor Name: _____

Department: _____

Phone: _____

Signature of Faculty Advisor

Date

The individual named above has provided information on his or her health and allergy history to the Student Health services and, if needed, has received an immunization against tetanus.

Signature of Student Health Services Representative

Date