



**NMSU Institutional Animal Care and Use Program  
Occupational Health and Safety Program for Animal Workers**

**UNIVERSITY HEALTH CENTER NOTIFICATION AND  
ANIMAL WORKER RESPONSE FORM**

<b>Name (print):</b>	<b>Department name &amp; MSC:</b>	<b>Phone No:</b>
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- \_\_\_\_\_ Tetanus Immunization (required every 10 years or 5 years if exposed)
  - \_\_\_\_\_ Obtain tetanus now (no previous date of vaccination noted on Medical Health Questionnaire)
  - \_\_\_\_\_ In year \_\_\_\_\_ (within 10 years of date noted on Medical Health Questionnaire)
  
- \_\_\_\_\_ Rabies pre-exposure vaccination (required for those working with raccoons, bats, skunks, coyotes, and foxes; CDC Compendium of Animal Rabies Prevention and Control, 2008)
  - \_\_\_\_\_ Obtain rabies series now (no previous date of vaccination noted on Medical Health Questionnaire)
  - \_\_\_\_\_ Check rabies titer now (previous vaccination noted)
  - \_\_\_\_\_ Rabies booster vaccination will be needed if titer indicates
  
- \_\_\_\_\_ Respirator Fit Testing (all individuals working with respiratory hazards requiring use of a respirator per NMSU Respiratory Protection Program under Environmental Health and Safety) and individuals who may need to wear a respirator (as determined by physicians risk assessment for individuals with animal or plant allergies).
  
- \_\_\_\_\_ Other immunization(s) or medical evaluation as specified

**Univ. Health Center Professional Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that due to responsibilities of my job as an animal worker, I may be at risk of exposure to zoonotic agents/organisms and other health and injury hazards.

I have been given the opportunity to receive immunization(s) and(or) additional medical evaluation at no charge to me.

- \_\_\_\_\_ I wish to participate in the Occupational Health and Safety Program for Animal Workers and **will** receive required vaccine(s) and(or) medical evaluation.
  
- \_\_\_\_\_ I wish to participate in the Occupational Health and Safety Program for Animal Workers but **decline** the following vaccine(s) and(or) medical evaluation. I understand that declination may result in a change of duties and(or) job description (at the discretion of Program Director).

\_\_\_\_\_  
Signature of Animal Worker

\_\_\_\_\_  
Date

**Please return the signed document to the University Health Center  
@Genesis Center Bldg C, 3655 Research Dr. or MSC 3EHS or fax it to 575-646-7865.**