

New Mexico State University
Institutional Animal Care and Use Program
Occupational Health and Safety Program for Animal Workers



**UNIVERSITY HEALTH CENTER NOTIFICATION
 TO
 THE OFFICE OF COMPLIANCE**

Employee Name:	Employee's Department and MSC:
Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/>	
Employee's Supervisor	Supervisor's Email

THIS PORTION of form to be COMPLETED BY MEDICAL PROFESSIONAL

This individual has completed the Medical Health Questionnaire for Animal Workers and

- has received the recommended services/procedures
- has declined these services/procedures _____
- does not require services/procedures at this time but will need services/procedures in _____ (year)

University Health Center
 Medical Professional Signature _____ Date _____

Please deliver this form to the Compliance Director, OVPRGI, MSC 3RES or fax it to 646-2480