



Red fields are required. Form will be returned if you leave them blank.

**Animal Use Protocol
Occupational Health and Safety Information
ENROLLMENT FORM**

Last Name	First Name	Birth Date	Gender	TX State ID #	TX State Designation

Texas State Email Address	Phone #	Animal Use Protocol(s)	Protocol Principal Investigator

Initial enrollment for Academic Year 2018

Check option that best describes your current or planned involvement with care and/or use of vertebrate animals covered by a Texas State animal use protocol

Involved with handling, care, husbandry, capture, or other direct contact with living animals used for research and/or teaching

Not involved with living animals but have direct contact with animal tissues, bodily fluids, or carcasses

Not involved with living or dead animals, tissues, bodily fluids, or carcasses but have indirect contact, such as working in areas where animals are present; working with equipment, tools, or vehicles used in an animal care and use facility; disposing of animal waste products, food, bedding, aquarium water, or other potentially contaminated materials from an animal care and use facility

Potential Vertebrate Animal Contact by Research Environment

Check if applicable or enter additional animals/species in the spaces provided

Lab/On-Campus	Ag/Ranch	Field Research	Other
Rodents	Cattle	Amphibians	
Fish (freshwater)	Swine	Reptiles	
Fish (marine)	Goats	Birds	
Amphibians	Horses	Fish (freshwater)	
Reptiles		Fish (marine)	

Health Services Needs Assessment

Need Exam	
YES	
Date Needed By	

Need Immunization	
YES	NO
Date Needed By	

Immunizations Needed

I certify I have completed the questions on this assessment truthfully and to the best of my knowledge.

Full Name

Date