

TEXAS  STATE
Program of Animal Care and Use
Occupational Health & Safety Enrollment Assessment

Contact Information

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

Texas State Email Address	Phone #

Health Services Needs

Health Evaluation Exam	Tetanus Immunization	Other Immunizations Needed?
	<input type="checkbox"/> Will get Tetanus shot at exam <input type="checkbox"/> Current on Tetanus, bring proof to exam <input type="checkbox"/> OPT OUT of Tetanus shot	

Reasons for Enrollment

Check all that apply to you:	Course Number(s)	Faculty Teaching Course
<input type="checkbox"/> Registered for a course involving animal use		
<input type="checkbox"/> Personnel or PI on a Animal Use Protocol	Protocol Number	Protocol Principal Investigator
<input type="checkbox"/> Work in lab or other animal facility	Facility Name or Bldg & Room #	Manager or Supervising Faculty

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

Name

Date

Attention Health Center Personnel only: See attached second page for species, research setting, exposure levels, and other information related to this individual's contact with animals used for research or scholarship. If second page is not attached, please contact Maria Reaves or Kaitlenn Ledford in Research Integrity and Compliance at 245-2314.