UMCES ANIMAL CARE AND USE PROGRAM

VACCINATION AND TESTING VERIFICATION

UMCES, as part of its Occupational Health and Safety Program, oversees requirements of the Animal Welfare Assurance, and negotiated with the Public Health Service (PHS) Office of Prevention from Research Risks (OPRR) that employees who work in close contact with vertebrates are required to have a tetanus/diphtheria booster every 10 years and a tuberculin skin test every two years. Every new employee having substantial contact with vertebrates in their work is required to provide documentation of a tetanus/diphtheria vaccination or booster within the past 10 years and of a tuberculin skin test within the last two years. If documentation cannot be supplied, a new employee is required to have the vaccination and test performed within three months of their first day of employment and to provide the documentation to their Human Resources office.

TRAINING REQUIREMENTS

UMCES has instituted an Animal Care Training Program in accordance with guidelines established by the PHS/OPRR. Training is mandatory for scientists, animal technicians and graduate students involved in vertebrate care and use in research at UMCES, whether or not these individuals have received such training at another institution. Each such individual must participate in training at least once while employed by or pursuing graduate studies at UMCES. Both of these programs pertaining to employee and animal health are responsibilities of the Institutional Animal Care and Use Committee (IACUC).

Additional information on UMCES Animal Care and Use policies may be found on the UMCES web site.

SUPERVISOR:

Does the employee currently work with vertebrates? **YES** **NO**
Will the employee work with vertebrates within the next year? **YES** **NO**

_____ _____ _____
Supervisor Name (printed) Signature Date

EMPLOYEE:

If any of the questions above are answered YES, complete the following section.

Have you had a tetanus/diphtheria vaccination or booster within the last ten years? **YES** **NO**
If YES, attach a copy of the documentation along with this sheet.

Have you had a tuberculin skin test within the last two years? **YES** **NO**
If YES, attach a copy of the documentation along with this sheet.

Have you completed the Animal Use and Care Training Course? **YES** **NO**

(**Human Resources**: If NO add the employees' name to the list of participants for the next training session.)

Animal Use and Care Training Course completed on _____ (DATE).

_____ _____ _____
Employee Name (printed) Signature Date

Employment date: _____

RETURN THIS FORM TO YOUR HUMAN RESOURCES OFFICE