

UMCES ANIMAL WELFARE ASSURANCE VERIFICATION

UMCES conducts scientific studies with amphibians, reptiles and fish. This work is covered by an Animal Welfare Assurance negotiated with the Public Health Service's (PHS) Office of Prevention from Research Risks (OPRR).

As part of its agreement with the PHS OPRR, UMCES requires 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 certification by a medical professional 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.

As an additional part of its agreement with the PHS OPRR, UMCES is required to determine with its employees requires any particular accommodation to meet the physical requirements and expectations of the job.

PART I - THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR:

Does the employee currently work with vertebrates? **YES** **NO**

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

Please provide a description of work with vertebrates to include physical requirements and expectations.

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Supervisor Name (printed)

Signature

Date (mm/dd/yy)

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PART II. THIS SECTION IS TO BE COMPLETED BY THE EMPLOYEE:

If the answers to any of the questions in Part I are YES, complete the following section. (date: mm/yy)

Have you had a tetanus/diphtheria vaccination or booster within the last ten years? **YES** **Date:** _____ / **NO**
Have you had a tuberculin skin test within the last two years? **YES** **Date:** _____ / **NO**

Have you completed the Animal Use and Care Training Course? **YES** **Date:** _____ / **NO**

Employee Name (printed)

Signature

Date (mm/dd/yy)

Employment date: _____

PART III. THIS SECTION IS TO BE COMPLETED BY A PHYSICIAN:

Based on a review of the employees medical records, please certify the employee has met the vaccination and skin test requirements and is capable of completing assigned tasks described in Part I, with any accommodation noted below.

Accommodation required (if any)

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Physician Name (printed)

Signature

Date