

East Tennessee State University

Occupational Health Program for Personnel Exposed to Vertebrate Animals

Contact with Dogs, Cats, or other Animals Susceptible to Rabies Rabies Pre-exposure Vaccination Program Exemption, Acknowledgment, Acceptance/Declination Form

Completion of this form is required for all ETSU employees and ETSU affiliates who have work-related contact with dogs, cats, or other animals susceptible to rabies at ETSU. Each member of the research team must complete this form and have the supervisor sign it. Failure to complete this form may result in having dog/cat use privileges canceled for the laboratory by the University Committee on Animal Care.

I will work in the laboratory of _____, Department of _____

For the following statements check all that apply:

- “ I will not have any contact with dogs, cats, or other animals susceptible to rabies. Therefore, I am exempt from this program.

- “ I have received and understand information on the hazards of working with these animals, including the Universal Precautions in Animal Facilities and Laboratories, as well as information on rabies, animal allergies, and animal bites and scratches.

- “ I understand that pre-exposure rabies vaccination is required before contact with dogs, cats, or other animals susceptible to rabies in the laboratory: Every two (2) years follow-up antibody tests are part of the rabies vaccination program.

In full recognition of the above: (check one of the following)

- “ I accept participation in the rabies vaccination program **OR**

- “ I refuse participation in the rabies vaccination program. I am aware that my non-participation may result in my contracting rabies. **IN DECLINING, I SPECIFICALLY RELEASE ETSU, THE STATE OF TENNESSEE, ITS OFFICERS AND EMPLOYEES FROM ANY LIABILITY OR DAMAGES INCURRED AS A RESULT OF MY REFUSAL.** (Please affix your and your supervisor=s signature below and return to the DLAR Office.)

Employee information

For participation in the pre-exposure rabies vaccination program, please complete the table below and return this form to the Office of the Division of Laboratory Animal Resources, ETSU Campus Box 70418, (Building VA 119, Room 4-02), tel. 423-439-6292.

Name	SS# XXX - ____ - _____	Date
Date of Birth	Title	email
Department	Campus Box	Office Phone #
Supervisor/P.I.	Supervisor=s Phone #	

Date

Date

Signature of Employee

Signature of Supervisor