

Texas A&M University Occupational Health Program Enrollment Form

Texas A&M University System Health Science Center provides an occupational health program at no charge for all individuals who work in animal facilities, have contact with animals or animal tissue, or work with infectious microorganisms or hazardous biological materials. All employees engaged in the aforementioned activities **must** complete this form. Employees may choose to opt out of full participation in the program but may be denied access to certain high-risk facilities. If you **work with animals**, Fax or deliver the completed form (two pages) to Kimberly Bass 713-677-7407, IBT room 210, or mail stop 1201. If you **do not work with animals**, deliver the completed form to Safety rm 301a, or mail stop 1201. (Note: The Occupational Health Program is separate from and not related to your regular benefits, such as the Workers' Compensation Insurance Program.)

WORKER INFORMATION (all fields required)

Check all that apply: Employee _____ Faculty _____ Staff _____ Student _____ Visitor _____
Name: _____ UIN or Student ID#: _____
Email: _____ PI or Supervisor: _____
Phone #: _____ Work Dept. or Agency: _____ Mail Stop: _____

Check the animal(s) or animal tissue or excrement you may be exposed to. Circle all that apply.

Mice _____ Rats _____

Check if you do not have any animal or animal material exposure: _____

List the infectious microorganism(s) or hazardous biological material(s) you may be exposed to:

Describe briefly the exposure and procedures that will bring you into contact with the animal(s) or material(s) listed above:

Describe briefly any known, pre-existing medical conditions (allergies, chronic conditions, etc.) that might be affected and/or aggravated by your work or contact with the above mentioned animal(s) or material(s):

Texas A&M University Occupational Health Program Enrollment Form

PROGRAM ENROLLMENT

All participants enrolled in the TAMUS-HSC Occupational Health Program have access to educational materials, personal protective equipment, and other support services aimed to prevent occupational injuries and exposures. Medical surveillance, immunoprophylaxis, and treatment (when applicable) are available through UT Health Services, at no charge to participants. You are highly encouraged to fully participate in the program, but you may decline enrollment at your discretion. Employees who opt out of full participation may be denied access to certain high-risk facilities. Please read the following enrollment choices carefully and select the option you prefer.

_____ **I work with laboratory animals.**

_____ **I do not work with laboratory animals.**

_____ ***I wish to fully participate in the program as described above.*** I will have access to educational materials, personal protective equipment, and other support services aimed to prevent occupational injuries and exposures. I will be provided, at no cost to me, medical surveillance and immunoprophylaxis through UT Health Services, as well as treatment for occupational injury or illness, should the need arise. I am still expected to follow the proper procedures for reimbursement through the Workers' Compensation Insurance Program should I sustain injuries or occupational disease while in the course and scope of my employment. By enrolling in the medical portion of the Occupational Health Program, I am also giving authorization for UT Health Services to release my medical information to designated individuals within the Occupational Health Program. My records will be kept in a confidential Occupational Health Program file and may be released, without my knowledge or consent, to the medical provider (UT Health Services), the Biological Safety Officer, the Responsible Official, and/or any governmental entity entitled to the data.

Name: _____ UIN or Student #: _____

Signature: _____ Date: _____

_____ ***I decline to fully participate in the program as described above.*** I will still have access to educational materials, personal protective equipment, and other support services aimed to prevent occupational injuries and exposures. I do **NOT** wish to have medical surveillance or immunoprophylaxis provided at no charge to me. I have been informed of the hazards associated with the animal(s) or material(s) I will be working with and have decided **NOT** to enroll in the medical portion of the Occupational Health Program. I understand that I am still expected to participate in all other portions of the program.

Name: _____ UIN or Student #: _____

Signature: _____ Date: _____

Texas A&M University Occupational Health Program Enrollment Form

For questions or concerns regarding the Occupational Health Program or this enrollment form, call Kimberly Bass 713-677-7452. To schedule an appointment or inquire about medical treatment, contact UT Health Services 713-500-3248.