

AESP Renewal Form

Submission Instructions: Fax to Ellen Bibb at Occupational Health (410) 955-1617

Confidential FOR OCCUPATIONAL HEALTH SERVICES USE ONLY

Section 1 - Employee Information:

Name: _____ Badge ID No.: _____
Employment Status: _____ JHED ID: _____
PI / Supervisor: _____

Section 2 - Registration Renewal Questionnaire:

1. Do you still work with animals or have job duties that require you to work in areas where research animals are housed or handled? ___YES ___NO
2. Have there been any changes in your job duties over the past year that may result in greater exposure to research animals, parts or tissue? ___YES ___NO

If so, briefly explain the change and specify the animal types you may be exposed to (dog, mouse, rat, etc.) _____

3. Have there been any changes in your health over the past year that may be affected by your occupational exposure to animals? Changes could include pregnancy, infection, disease, or a treatment for a disease that may affect your body's immune response. ___YES ___NO

If yes, please explain in as much detail as you are comfortable with or you may contact Occupational Health Services directly to report or discuss any health issues that may be affected by your occupational exposure to animals.: _____

4. Have you noticed any symptoms following work or exposure to animals (or animal-derived materials)? ___YES ___NO

If yes, please check any symptoms you may be having:
___watery or itchy eyes ___runny nose ___itchy skin ___hives or rash ___cough

Section 3 - Certification:

**By signing this form, you certify that the information above is accurate.
This will serve to update your certification.**

Signature: _____
Email address: _____
Date: _____