

C

You must complete Forms A, B and C

When complete, mail or fax this Form, along with Forms A and B, to -
SCOMC, 610 Frederick Street, Santa Cruz, CA 95062, secure fax (510) 653-5210.



Animal Contact Occupational Medical Surveillance

Instructions to Participant: Please complete only the top contact information on this Form C. You must also provide completed Forms A and B. To protect your privacy, put Forms A, B, and C in a sealed envelope and mail directly to SCOMC or send to SCOMC via secure fax.

Participant Name:

Job Title:

E-mail Address:

Phone:

Department:

Participant is submitting information for:

Initial Enrollment

Follow Up Evaluation

MEDICAL RECOMMENDATIONS (SCOMC Use Only)

CLEARED. The above participant is cleared for contact with the designated animal(s) listed on Form A.

CLEARED, PENDING FURTHER INFORMATION (Animal Contact OK). Contact SCOMC for follow-up. Participant may have contact with the designated animal(s) listed on Form A during the evaluation process.

FOLLOW UP EVALUATION NEEDED (No Animal Contact). Contact SCOMC for follow-up. Participant is not presently cleared for contact with the designated animal(s) listed on Form A.

The above participant is **NOT CLEARED** for contact with the designated animal(s) listed on Form A.

Initiate participation in UCSC Respiratory Protection Program

Tetanus vaccine booster

Hepatitis B vaccination series Post vaccination titer

Comments: _____

SCOMC Provider Signature: _____ Date _____

SCOMC: Mail completed forms and billing invoice to:

UC Santa Cruz

Attn. EH&S; Mail Stop: EHS Trailer

1156 High Street

Santa Cruz, CA 95064

Form A: Animal Contact Risk Assessment Questionnaire
Form B: Animal Contact Medical History Questionnaire
Form C: Animal Contact Occupational Medical Surveillance