

Occupational Medical Service Animal Exposure Surveillance Program (AESP) Medical Evaluation	Date
Employee's Name	SSN (Last 4)
Supervisor's Name	ICD

Employee is reporting for

Enrollment in the AESP Routine periodic visit

Animal category

Small Large Nonhuman primate Primate non-fixed tissues

Medical Recommendations

The above employee is cleared for contact with the designated animal(s).

The above employee is not cleared for nonhuman primate contact.

Restrictions include: _____

The above student is cleared for contact with the designated animal(s) through _____

Employees working with live nonhuman primates must return for medical evaluation in OMS at regular intervals. This employee must return to OMS in (*month/year*) _____

Note: It is the employee's/student's responsibility to provide this form to the supervisor.

OMS Representative's Signature	Date
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