Attachment IV

DATE:

TO: Supervisor
Animal Program Director

FROM: Staff Nurse
Occupational Medical Service, DS

SUBJ: Noncompliance with Periodic Medical Evaluation
Animal Exposure Surveillance Program

Occupational Medical Service (OMS) records indicate that _____ has not complied with two requests to return to OMS for standard, periodic, medical evaluation as part of his/her participation in the Animal Exposure Surveillance Program (AESP). He/she is no longer registered as a participant in the AESP.

Staff Nurse
Bldg. 13, Room G904

cc: Employee