

**ANIMAL CARE FACILITY  
TRANSIENT WORKER REGISTRATION FORM**

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

As part of my duties I must enter the Animal Care Facility and understand that there may be some increased health risk in doing so beyond those normally associated with my work. These risks are primarily associated with allergies to animals and animal products and the potential of contact with organisms carried by animals that might make me sick. These risks can be greatly reduced by a few simple procedures. These include keeping all object out of my mouth, washing my hands, and wearing personal protection equipment (masks, gloves, face-shield, labcoat) as needed.

If I experience any allergy symptoms including runny eyes or nose, difficulty breathing, itching, I should leave the area immediately, remove protective clothing and leave it behind, and notify Animal Care Facility workers and my supervisor.

\_\_\_ I know that I am allergic to the following animals:

\_\_\_\_\_

Symptoms are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ In the past week, I have had contact with animals outside of the animal care facility. To protect my animal contacts both inside and outside the ACF, I understand that I may be asked to wear protective clothing or may be prevented from entering the facility. Please describe types of animals and the contact that you have had. Example: I have a pet cat. I went hunting and carried out a deer. I visited a neighbor who has a pet parrot.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_