

# Newly Revised APHIS Form 29

- APHIS Forms Page Link

<https://www.aphis.usda.gov/library/forms/pdf/aphis29.pdf>

# Personal Identifiable Information (PII)



- FOH cannot receive PII unless it is encrypted via email, or faxed to their secure FAX number.
- Only Adobe DC Pro has the capability to encrypt the document. Adobe DC Reader cannot encrypt documents.

FOH has a new mail box set up in outlook to receive APHIS 29 forms. The address is [APHIS@foh.hhs.gov](mailto:APHIS@foh.hhs.gov)

Per FOH policy, any document containing PII and PHI information needs to be encrypted and password protected. For future references, If you prefer to email the APHIS 29 and FOH 22 forms to me, they need to be encrypted and password protected when sending by email to FOH. You can also fax them to me and confirm the receipt of fax via email.

You can use an Adobe DC Pro to encrypt the PDF attachment .Below are the steps to encrypt the PDF file. The attachment need to be encrypted first before it is digitally signed. Otherwise you will not be able to encrypt the attachment and need to FAX the document to FOH at 415-436-7913.

Go to the APHIS Forms page and open the APHIS Form 29

Save a copy to your computer.

Then:

- Open your pdf document.
- Find Tools either to the right of the document or under the View Tab Under Tools find “Protection”
- Select “Encrypt”
- Select “Encrypt with Password”
- Check “Require a password to open the document”
- Add Password in – “Document Open Password” (the system will let you know if the password is “weak” or “strong”) hit “OK”
- Confirm Password hit “OK”
- Save document
- Check document by reopening with your password.
- You will send the documents in one email and send the password in the second email.

This form contains personally identifiable information (PII). If the information is provided, the completed form must be password encrypted when emailed. To encrypt the form, you must complete it using Acrobat Professional DC. Acrobat Reader DC will not work. For help with software issues, contact ATAC at [help@aphis.usda.gov](mailto:help@aphis.usda.gov).

**Option 1.** If you have Acrobat Professional DC, follow steps a - e below. Otherwise, see Options 2 and 3.

- a. Save the downloaded form to your desktop (or other secure location) and use it for your submission.
- b. To turn off highlighted fields, type CTRL+K and under Forms > Highlight Color, uncheck “Show border hover color for fields”.
- c. After completing the form, but before digitally signing it, save it with a unique name, and then encrypt it by selecting Tools > Protect > Encrypt > Encrypt with password. Select a password you will share with your supervisor and the FOH office. Save the password, and your newly encrypted form, in a secure place.
- d. Digitally sign and save the form, then send it to your supervisor for review and electronic signature. Provide him or her the password separately. If you cannot provide it in person or verbally, send it by another email.
- e. Email the completed form, with electronic signatures and encryption, to APHIS FOH at [APHIS@FOH.HHS.gov](mailto:APHIS@FOH.HHS.gov). Send the password to open the file to the same address using a separate email.

**Option 2.** If you do not have Acrobat Professional DC and you are not a new employee, do not provide PII information on the form.

Provide only the last 4 digits of your social security number in Item 1B, skip telephone Items 1I, 1J, 2D, and 2F, and skip Item 3. Email the completed form to APHIS FOH at [APHIS@FOH.HHS.gov](mailto:APHIS@FOH.HHS.gov).

**Option 3.** If you do not have Acrobat Professional DC and you are a new employee, or a current employee and want to provide PII, complete the entire form in full and fax it to APHIS FOH at (415) 436-7913. DO NOT EMAIL IT.

# Line by Line Instructions

- Section I Exposed Employee Information

1. Employee Information

A. Name – Fill in your name as requested

B. Use your EQS unique identification number. It can be found here: <https://usdagcc.sharepoint.com/sites/aphis-mrp-emss/SVCS/SHEPHome/Safety/SitePages/Home.aspx>

C. Date of Birth – MM/DD/YYYY

D. Sex – Use drop down

E. Program – Use drop down

F. Work Address – This is your duty station; generally where your supervisor sits

G. Telephone Number (Office) – Required

H. & I. Optional telephone numbers

J. Fax Number – Required

K. Email address – your work email address, e.g. Joe.Citizen@aphis.usda.gov

# Line by Line Instructions Continued

- Section I Exposed Employee Information

- 2. Supervisor Information

- A. Name – Required

- B. Work Address – Required

- C. Telephone Number (Office) Required

- D. & F. Telephone Numbers (Home, Cellular personal) – Optional

- E. Telephone Number (Cellular Work) Required, if none - use work phone number

- G. & H. - Required Information

# Line by Line Instructions

- Section I Exposed Employee Information

3. Confidential Correspondence – This the address where you want your medical test results sent. The medical results contain PII and HIPAA information. **DO NOT FILL IN IF YOU CANNOT ENCRYPT THE FORM!**

- Check one of the two boxes on the left
- If you check the top box (Same as Above) then go to Section II
- If you check the bottom box (Alternate Address) then fill in the address information to the right. (this becomes REQUIRED when you check the bottom box.)

# Line by Line Instructions

- Section II – Respirator Use

4A. – Will you be required to use a respirator? – Check one of the two boxes

4B. – If you checked ‘YES’ then check all the respirators that apply

- Section III – Rabies Virus Exposure

5A. – Check ‘No’ if you do not or are likely not to be exposed to rabies as a normal part of your routine work activities. GO TO Section VI.

5A – Check yes if you work with rabies, work with animals likely to carry rabies, if you work in a lab that works with the rabies virus or tissue samples that might have the rabies virus.

- If you check yes, fill in 5B, 5C, and 5D if you have this information.

NOTE:

- A rabies titer will only be ordered if your last rabies titer is more than 2 years old.
- No rabies titer will be ordered if you have never had a rabies vaccination.



# Line by Line Instructions

- Section IV Travel Medicine Consultation

If you are being deployed on detail where you will be assigned to the State Department you may need immunizations required by the State Department. If so then you will need to fill out this section. If not go to Section V.

6. Answer yes or no.

7. Answer no or yes.

8. List forms you may have been requested to complete as part of your detail assignment.

# Line by Line Instructions

- Section V Occupational Exposures and Characterizations

Use the drop downs to identify your likely exposures and the means by which the exposures may occur. If a hazard or work use is not listed please add in Section VI – General Comments.

These workplace hazard exposures should be identified in Standard Operating Procedures (SOP) or in a Job Hazard Analysis (JHA).

9 (1) - Use the drop down to select actual or likely exposures to health hazards in your course of work.

9(2) – Use the drop down to identify how you are exposed to the hazards from 9(1).

9(3) – Select one of the four routes of entry. If the hazard has more than one route of entry in your work please fill in a second row starting with the same hazard/exposure.

9(4) – Choose from one of the four (4) options. If different from one of these please make note in Section VI – General Comments.

9(5) – Choose from one of the four (4) options. If different from one of these please make note in Section VI – General Comments.

# Line by Line Instructions

- Section VI General Comments/Requests

Fill in any information that is needed to clarify any requests or information from the previous five sections.

- Section VII Preparing the Form for Electronic Submission

Follow instructions provided in this section.

- Section VIII Signatures

Sign either electronically or a hard copy and meet with you supervisor to go over the APHIS Form 29. Once you and your supervisor agree, provide an electronic copy or hard copy for your supervisor to sign and date.

Once your supervisor has signed the Form 29 please submit to FOH.