

**Instructions for Completing  
APHIS Form 29, Occupational Exposures**

March 2026

Download and save to your local computer a blank APHIS 29 from the APHIS electronic forms library at <https://www.aphis.usda.gov/library/forms/pdf/aphis29.pdf>

Work only with the blank copy of the APHIS 29 you downloaded to your computer. Do **NOT** password protect or encrypt your APHIS 29.

Fields with red borders are required fields.

**Section I - Exposed Employee Information**

1. Employee Information

- a. Name – Last, First, Middle Initial.
- b. EMP ID Number – Click [here](#) to find your EQS ID number.
- c. Date of Birth – MM/DD/YYYY.
- d. Sex – Use drop-down menu.
- e. Program – Use drop-down menu.
- f. Work Address – Your duty station; remote address (e.g., if you work from home)
- g. Title, Series, Grade (e.g., Biologist, 0401, 09).
- h. Phone Number (government mobile preferred).
- i. Phone Mobile Number (preferred).
- j. Fax Number (if available).
- k. Email address (e.g., [Joe.Citizen@usda.gov](mailto:Joe.Citizen@usda.gov) or [Joe.a.Citizen@usda.gov](mailto:Joe.a.Citizen@usda.gov))

2. Supervisor Information

- a. Name – Last, First, MI.
- b. Work Address.
- c. Phone Number (government mobile preferred).
- d. Personal Mobile Number .
- e. Fax Number (if available).

f. Email Address (e.g., [Joe.Citizen@usda.gov](mailto:Joe.Citizen@usda.gov) or [Joe.a.Citizen@usda.gov](mailto:Joe.a.Citizen@usda.gov)).

3. Confidential Correspondence. This the address where you want your test results sent. The medical results contain PII and Health Insurance Portability Accountability Act (HIPAA) information.

- Click *Same as Above* if results are to be sent to the address provided in Section 1, Part F.
- Click *Alternate Address* and fill in the address information to the right if you would like test results sent to a different address.

## Section II - Respirator Use

4A. Will you be required to use a respirator? Check *Yes* or *No*.

4B. If you checked ‘*Yes*’, identify the types of respirators you are required to use on the job. If you are submitting an APHIS 29 for future deployment opportunities only, check both the “Elastomeric Half or Full-Face Respirator” and Filtering Face Piece Respirator” boxes.

## Section III - Rabies Virus Exposure

5A. Check ‘*No*’ if you are not likely exposed to rabies as a normal part of your routine work activities. Then, go to Section VI.

5B. 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 live virus, or tissue samples that might have the rabies virus. If you check *Yes*, select a response from the drop-down menu (see explanation below). Complete 5B, 5C, and 5D.

Handling Live Virus: Employees who handle concentrated or cultured live rabies virus in a controlled research setting – Rabies titer every six months.

Routine: Employees who handle or conduct surveillance (i.e., take blood samples) with rabies vector species (raccoon, coyote, fox, skunk, mongoose, bats, etc.) – Rabies titer every 3 years.

TSE (Transmissible Spongiform Encephalopathy) – Neurological disease diagnosis must include rabies. Rabies titer every two years.

Enhanced Rabies: Employees who handle known rabies positive animals or samples in a controlled research setting – Rabies titer every two years.

### NOTES:

*FOH tracks the receipt of your initial rabies vaccination and follow up titer checks. FOH will order an initial vaccination, where pertinent, and follow up titer checks at the frequencies listed above.*

*It is incumbent on the supervisor to conduct a Job Hazard Analysis in collaboration with his/her employees to determine rabies exposure risk. If rabies exposure is identified, mitigation steps must be implemented to include pre-exposure prophylaxis.*

#### **Section IV - Tuberculosis**

6. Select *No* or *Yes* if you are requesting a TB test. If you chose ‘*Yes*’, a drop-down menu will appear. Choose *AgSAS* if you are a select agent inspector. Otherwise, select *Routine*.

#### **Section V - Travel Medicine Consultation**

Fill out this section if you are being deployed overseas. Otherwise, proceed to Section VI.

USDA employees deployed overseas will be assigned to the State Department, and the State Department may require one or more immunizations. Email [APHIS@foh.hhs.gov](mailto:APHIS@foh.hhs.gov) for instructions and directions.

7. Select *No* or *Yes*.

8. Select *No* or *Yes*.

9. List the forms the State Department requested you to complete.

#### **Section VI - Occupational Exposures and Characterizations**

Enter the Date in the upper right-hand corner. Your name should auto-populate.

10. Use the drop-down menus provided to capture known/actual and suspected/potential hazards to which you are exposed. See explanation below. If a hazard or “Work Use” is not listed, select “Other” in the drop-down menu, and add pertinent information in Section VII.

Explanation.

10(1) ACTUAL AND POTENTIAL OCCUPATIONAL EXPOSURES. Use the drop-down to select actual or likely exposures to the hazards you are exposed to in your course of work.

10(2) WORK USE. Use the drop-down to identify how you are exposed to the hazard you identified in the first column.

10(3) ROUTE OF ENTRY. Select one of the four routes of entry. If the hazard has more than one route of entry in fill in another row starting with the same hazard/exposure.

10(4) FREQUENCY. Choose from one of the four (4) options. If different from one of these please make note in Section VII – General Comments.

10(5) DURATION. Choose from one of the four (4) options. If different from one of these please make note in Section VII – General Comments.

## **Section VII - General Comments**

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

## **Section VIII - Preparing the Form for Electronic Submission**

After reviewing the completed form, digitally sign and save it to your local computer using the file name format APHIS29\_(Program)\_(First Name Last Name)\_(Date).

File name example: APHIS29\_ERCS\_JaneDoe\_10\_12\_2022

**CAUTION! DO NOT PASSWORD PROTECT OR ENCRYPT YOUR APHIS 29 FORM.**

In an encrypted email send your APHIS 29 to your supervisor for review and electronic signature. Supervisors must complete a thorough review for accuracy prior to signing.

## **Section IX – Signatures**

FOH will not accept an APHIS 29 without both employee and supervisor signatures.

### **Submitting APHS-29**

Submit your document here, [APHIS Document Submission](#). Ensure the correct Type of Form is selected and fill out the additional required fields.

If you have any difficulties with submission, please email the FOH APHIS Team resource mailbox ([aphis@foh.hhs.gov](mailto:aphis@foh.hhs.gov)). In the email, please communicate the issue as well as the type of request you are attempting to submit.

## Medical Appointments

The FOH Certified Occupational Health doctor will review your APHIS Form 29 and create a Medical Surveillance Program (MSP)-Test List which will be emailed to you describing the medical tests you will receive based on how the APHIS 29 was completed. FOH will notify you of the FOH clinics available to you in your geographical area. If your appointments are at a FOH Clinic you will be responsible for scheduling your medical appointment(s). [If an FOH clinic is not available in your geographic location, FOH will collaborate with you on availability and they will schedule your appointment\(s\) through QTC.](#) **NOTE: Effective 1 October 2022, FOH will handle all interactions with QTC. Employees should only schedule appointments on their own if scheduling for a FOH Clinic.**

After all tests are completed and results returned to the clinic(s) where you were seen, results will be sent to FOH for review after which you will receive a Medical Clearance Letter (MCL) at the mailing address you provided on your APHIS 29. It is your responsibility to provide a copy of your MCL, upon receipt, to your supervisor.

## Assessing Risk

Supervisors, in collaboration with employees and other pertinent parties, should conduct a job hazard analysis (JHA) to identify the dangers and levels of risk of work tasks to reduce potential employee injury or illness.

Supervisors must ensure consistency in the hazards identified for employees carrying out identical or similar job duties.