

Revised APHIS Form 29

Access to the updated form can be found on the APHIS Forms Page

Link to APHIS Forms Page 29:

https://www.aphis.usda.gov/aphis/resources/forms/ct_aphis_forms

Link to APHIS Form 29:

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

(Rev. 04/2020)

UPDATES:

- **Section III** has been changed to capture rabies exposure activities.
- **Section IV** is a new question. It asks whether your need for a tuberculosis test is routine or because you are a select agent inspector.
- The instructions in **Section VIII** have been updated.

Personal Identifiable Information (PII)

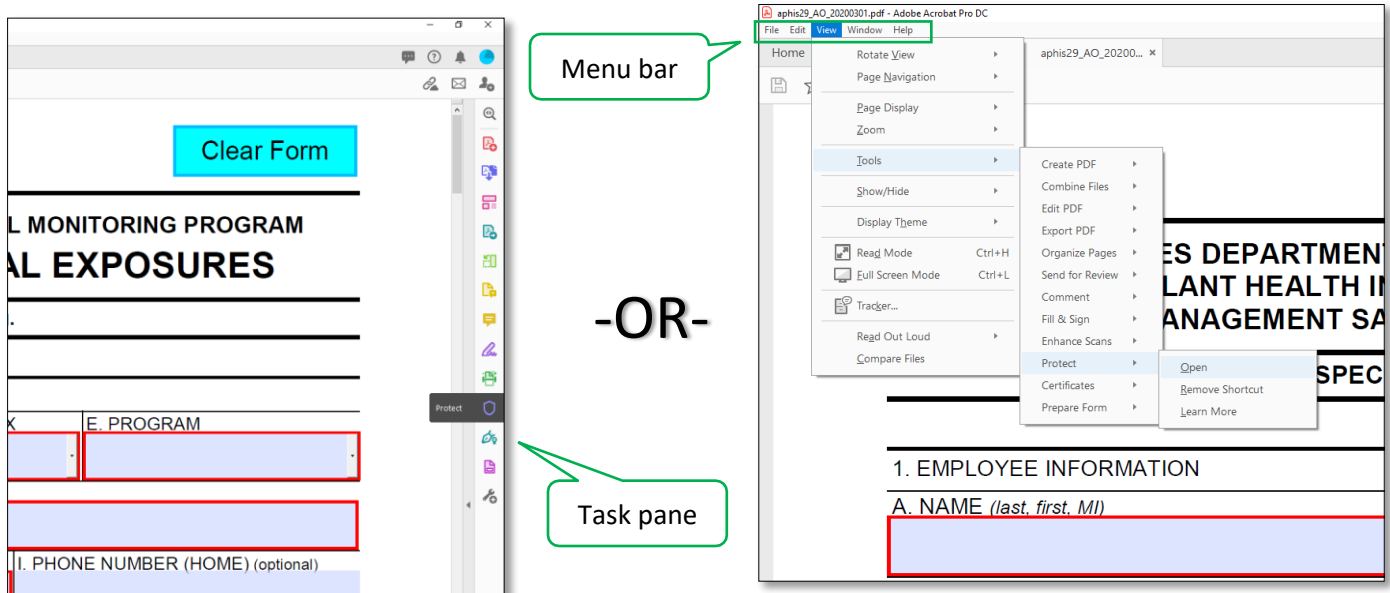


- Federal Occupational Health (FOH) cannot receive forms containing Personally Identifiable Information (PII) unless it is encrypted. The encrypted form is sent via email with a follow-up email containing the encryption password. It can be faxed to FOH's secure fax number (415) 436-7913.
- An alternative would be to email the APHIS 29 form to the APHIS Industrial Hygienist at Gerald.Houvener@usda.gov. It also can be faxed to (301) 734-7828. You may ask for confirmation via email at Gerald.Houvener@usda.gov.
- Directions on how to encrypt the form for email can be found below and in **Section VIII** of the APHIS 29 form.
- Only Acrobat Adobe *Pro* DC has the capability to encrypt documents. Acrobat Adobe *Reader* DC cannot encrypt documents.
- FOH has a new email box available in Outlook. When finished send the encrypted APHIS form 29 to APHIS@foh.hhs.gov.
- Send a follow-up email with the encryption password to the FOH email APHIS@foh.hhs.gov.

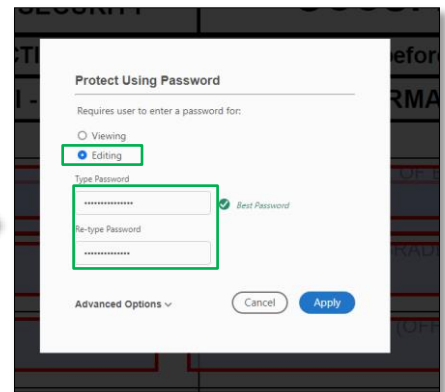
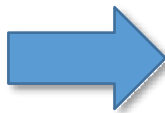
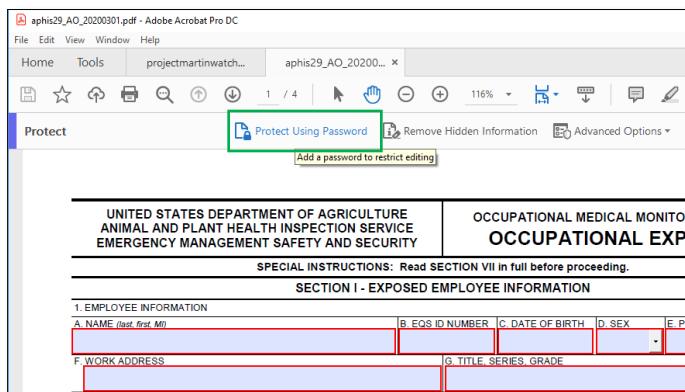
- The APHIS form 29 should be encrypted prior to being digitally signed. If you sign first you will need to clear your signature. Then encrypt and save the form. Then sign again.

Instructions - Encryption of Form PRIOR to Submission

1. Go to the APHIS Forms Page and click on the APHIS Form 29.
2. **Save a copy of the APHIS Form 29 to your computer.**
3. Open the saved APHIS Form 29 pdf document from your computer.
4. Fill in the required fields with the requested information (see below for additional details.)
 - *The form should be encrypted PRIOR to digitally signing the document.*
5. Click on *Tools* under the View tab or on the right side of the form click on *Tools*. Then click on *Protect*.
 - a. Find the “**Task Pane**” to the right of the document, select “**Protect**” - **OR-** go to the “**Menu bar**” and click “**View**” → “**Tools**” → “**Protect**” → “**Open**”



- i. **NOTE:** If you **DO NOT** see the “**Protect**” tool using either method, it will need to be added.
- b. In the “**Protect**” tool:
 - i. Click “**Protect Using Password**”
 - ii. Select “**Editing**” in the pop-up dialogue
 - iii. **Type** your password and **re-type** your password to verify
- c. **PLEASE TAKE ADEQUATE STEPS TO STORE AND GUARD YOUR ENCRYPTION PASSWORD**
- d. Click “**Apply**” to finish the encryption process



- e. Save and close document, check the encryption by re-opening the document by providing the encryption password you just created
- f. If you have completed all the necessary information in the APHIS 29, you are ready to digitally sign, save and submit
- g. When submitting the APHIS Form 29 for supervisory review and approval (signature) via EMAIL **-OR-** submitting the final approved APHIS Form 29 to FOH via EMAIL, the encrypted document must be sent in a series of 2 emails.
 - i. **One** email with the encrypted APHIS Form 29
 - ii. A **second** email with the encryption password

Instructions – Filling out the APHIS Form 29

Section I - Exposed Employee Information

*Fields outlined in **RED** on the form are required fields

1. Employee Information

- A. Name – Last, First, Middle Initial.
- B. EQS ID Number – Click [here](#) to find your EQS ID number.
- 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.
- G. Title, Series, Grade (e.g. Biologist, 0401, 09).
- H. Phone Number (Office).
- I. Phone number (Home).
- J. Fax Number.
- K. Email address (e.g., Joe.Citizen@usda.gov or Joe.a.Citizen@usda.gov)

2. Supervisor Information

- A. Name – Last, First, MI.
- B. Work Address.
- C. Telephone Number (Office).
- D. Telephone Numbers (Home).
- E. Telephone Numbers (Cell Work).
- F. Fax Number.
- G. Email Address.

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 which types of respirators you may be utilizing. If you are submitting this APHIS Form 29 for future deployment opportunities, check *only* the Elastomeric and Filtering face piece respirator boxes.

Section III - Rabies Virus Exposure

5A. Check ‘*No*’ if you are not likely to be 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*, use the drop down to select your potential exposure and fill in 5B, 5C, and 5D. See explanation below.

Live Virus Cultures: 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 2 years.

BSA/Scrapie – Titer annually.

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

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.

Section IV - Tuberculosis

6. Select *No* or *Yes* if you are requesting a TB test. If you chose ‘*Yes*’ a drop down will appear. Choose *AgSAS* if you are a select agent inspector. Check *Routine* if not.

Section V - 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 VI**.
- There is no Medical Surveillance Program (MSP) test list generated for travel immunization. APHIS employees will contact the closest FOH clinic with their completed itinerary FOH 46, and the international travel medical questionnaire FOH 30.

- Locations of FOH clinics are provided here: <https://foh.psc.gov/about/locations.html> or you can call FOH at (415) 436-7915. You may also email APHIS@foh.hhs.gov to obtain the list of FOH clinic locations. The nurse coordinator at the health unit will retrieve the immunization recommendation from the CDC traveler health website at <http://wwwnc.cdc.gov/travel> and provide the necessary immunizations and malaria prophylaxis.
7. Select *No* or *Yes*.
 8. Select *No* or *Yes*.

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

Section VI - Occupational Exposures and Characterizations

- Enter the Date in the upper right hand corner of Page 2 of 4.
- If a hazard or work use is not listed please add to **Section VII - General Comments.**
- The identified workplace hazard exposures should be identified in Standard Operating Procedures (SOP) or in a Job Hazard Analysis (JHA).
 - 10(1) Use the drop down to select actual or likely exposures to health hazards in your course of work.
 - 10(2) Use the drop down to identify how you are exposed to the hazards from 10(1).
 - 10(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.
 - 10(4) Choose from one of the four (4) options. If different from one of these please make note in **Section VII – General Comments.**
 - 10(5) 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

- 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

- Follow instructions provided in this section for electronic submission.

Section IX - Signatures

- Sign either electronically or hard copy and meet with your supervisor to review the APHIS Form 29. Once you obtain supervisor approval provide an electronic copy or hard copy for your supervisor to sign and date.
- Once your supervisor has signed the Form 29, have them return the signed document to you.
- Submit signed form to FOH using the instructions provided in **Section VIII**.

Additional Information

- Once FOH receives your APHIS 29 the information will be entered into their system.
- The occupational medical doctor will review the APHIS Form 29 and create a MSP which will be emailed to you.
- When you receive the email it is your responsibility to contact the nearest approved clinic and make an appointment.
- After all tests are completed and results have been returned to the clinic the information will be sent to FOH.
- After review at FOH the test results and a medical clearance letter (MCL) will be mailed to the address you provided on the form.
- Please provide a copy of your MCL to your supervisor.

If you have any further questions,
contact APHIS Industrial Hygienist Gerald Houvener
Gerald.Houvener@usda.gov