UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EMERGENCY MANAGEMENT SAFETY AND SECURITY

OCCUPATIONAL MEDICAL MONITORING PROGRAM

OCCUPATIONAL EXPOSURES

SPECIAL INSTRUCTIONS: Read SECTION VIII in full before proceeding.

SECTION I - EXPOSED EMPLOYEE INFORMATION

1. EMPLOYEE INFORMATION

A. NAME *(last, first, MI)*	B. EMP ID NUMBER	C. DATE OF BIRTH	D. SEX	E. PROGRAM

F. WORK ADDRESS *(use remote address (your ODS) if applicable)*			G. TITLE, SERIES, GRADE	
STREET			H. PHONE NUMBER *(Gov mobile preferred)*	I. PHONE NUMBER *(Personal mobile)*
CITY	STATE	ZIP CODE	J. FAX NUMBER *(if available)*	K. EMAIL ADDRESS *(required)*

2. SUPERVISOR INFORMATION

A. NAME *(last, first, MI)*			C. TELEPHONE NUMBER *(Gov mobile preferred)*
B. WORK ADDRESS			D. TELEPHONE NUMBER *(Personal mobile phone)*
STREET			E. FAX NUMBER *(if available)*
CITY	STATE	ZIP CODE	F. EMAIL ADDRESS *(required)*

3. CONFIDENTIAL CORRESPONDENCE *(Enter address where all confidential correspondence is to be sent.)*

☐ SAME AS ABOVE

☐ ALTERNATE ADDRESS *(enter new address in the fields to the right)*

STREET		
CITY	STATE	ZIP CODE

SECTION II - RESPIRATOR USE

4A. WILL YOU BE REQUIRED TO USE A RESPIRATOR?

☐ NO. GO TO SECTION III.

☐ YES. COMPLETE ITEM 4B.

B. TYPE OF RESPIRATOR(S) *(select all that apply)*

☐ SELF-CONTAINED BREATHING APPARATUS

☐ POWERED AIR PURIFYING RESPIRATOR

☐ ELASTOMERIC HALF OR FULL-FACE RESPIRATOR

☐ FILTERING FACE PIECE RESPIRATOR

SECTION III - RABIES VIRUS EXPOSURE

5A. DURING THE COURSE OF YOUR DUTIES, IS THERE A LIKELY OR ACTUAL EXPOSURE TO THE RABIES VIRUS?

☐ NO. GO TO SECTION IV.

☐ YES. HOW?

B. RECEIVED RABIES VACCINATION? ☐ NO ☐ YES	C. DATE OF LAST TITER	D. DATE OF LAST VACCINE

SECTION IV - TUBERCULOSIS

6. DO YOU NEED A TUBERCULOSIS TEST? ☐ NO ☐ YES

SECTION V - TRAVEL MEDICINE CONSULTATION

7. DO YOU HAVE IMMUNIZATION RECORDS? ☐ NO ☐ YES *(See note in Item 8, below)*

8. AS PART OF YOUR OFFICIAL DUTIES, WILL YOU BE TRAVELLING TO AN INTERNATIONAL DESTINATION?

☐ NO. GO TO SECTION VI.

☐ YES. BE MINDFUL THAT A TRAVEL MEDICINE CONSULTATION IS HIGHLY RECOMMENDED FOR YOUR SAFETY AND HEALTH. THIS SHOULD BE SCHEDULED AS SOON AS POSSIBLE, PREFERABLY SIX (6) WEEKS PRIOR TO TRAVEL. COMPLETING THE FORMS BELOW AND SUBMITTING THEM TO FEDERAL OCCUPATIONAL HEALTH (FOH) WILL START THIS PROCESS.

9. TRAVEL MEDICINE CONSULTATION FORMS:

BRING ANY AND ALL IMMUNIZATION RECORDS TO THE CONSULTATION

EMPLOYEE NAME	DATE

SECTION VI - OCCUPATIONAL EXPOSURES AND CHARACTERIZATIONS

10. (1) ACTUAL AND POTENTIAL OCCUPATIONAL EXPOSURES	(2) WORK USE	(3) ROUTE OF ENTRY	(4) FREQUENCY	(5) DURATION
A.				
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K.				
L.				
M.				
N.				
O.				
P.				
Q.				
R.				
S.				
T.				
U.				
V.				
W.				
X.				
Y.				
Z.				

EMPLOYEE NAME	DATE

SECTION VII - GENERAL COMMENTS / REQUESTS

11.

SECTION VIII - PII AND PREPARING THE FORM FOR ELECTRONIC SUBMISSION

Instructions

a) Digitally sign and save the form using the following format – APHIS29_(Program)_(First Name Last Name)_(Date) (example: APHIS29_ERCS_JaneDoe_07_01_2021).

b) **DO NOT** PASSWORD PROTECT OR ENCRYPT THE APHIS 29 FORM.

c) Email the file to your supervisor for review and electronic signature. The completed form contains personally identifiable information (PII) and should be protected using encrypted email (see detailed instructions). **NOTE: Supervisors will complete a thorough review for accuracy prior to signing.**

d) After all signatures are obtained, send your form via an encrypted email to Estelita.Sy@foh.hhs.gov.

SECTION IX - SIGNATURES

Our signatures below affirm the employee has read the Privacy Act Statement on the following page and that this form is completed fully and accurately.

12. EMPLOYEE SIGNATURE	DATE
13. SUPERVISOR SIGNATURE	DATE

SECTION X - PRIVACY ACT NOTIFICATION

The collection and use of this information is authorized by 5 U.S.C. 7901 (Health Service Programs) and 29 U.S.C. 657 (Occupational Safety and Health; Recordkeeping). The information will become part of your official Employee Medical File and will be used to assist Federal Occupational Health in carrying out its occupational health services responsibilities under one or more interagency agreements with your employing agency, and for other official purposes and routine uses as described in Privacy Act systems notice OPM/GOVT-10 (Employee Medical File System Records). Providing the requested information is voluntary. Not providing the information may affect the availability and quality of health services rendered to you and may also affect the completeness of information used by your agency in making determinations of medically-related employment decisions.

The Medical Review Officer (Federal Occupational Health/Department of Health and Human Services) is authorized by the Occupational Safety and Health Act of 1970 and by 5 U.S.C. 301 to obtain personal medical information from APHIS employees.

The purpose of this collection is to protect Agency employees from actual or potential occupational exposures in their work environment and to reduce these actual/potential exposures. The medical information collected is necessary in making accurate medical determinations and conclusions about the impact on employees of actual or potential exposure to possible biological, chemical, or other physical threats. Medical records maintained will document health status, changes in physical conditions through the years, and provide an account of any care rendered, advice given, and consultations recommended. The physical examination and laboratory test provided by this program are not intended to substitute for the care provided by a personal physician.

The information may be disclosed to authorized medical professionals to determine unusual susceptibility to illness or injury from exposures in the work environment, to determine medical suitability of assignments, to permit identification of potentially harmful effects of toxicants used, and to provide medical treatment and advice. It may be disclosed to appropriate public health agencies to conduct epidemiological studies and research.