

SPECIAL INSTRUCTIONS: Read SECTION VIII in full before proceeding.

SECTION I - EXPOSED EMPLOYEE INFORMATION

1. EMPLOYEE INFORMATION

A. NAME (last, first, MI)			B. EQS ID NUMBER	C. DATE OF BIRTH	D. SEX	E. PROGRAM
F. WORK ADDRESS			G. TITLE, SERIES, GRADE			
STREET 1			H. PHONE NUMBER (OFFICE) (required)		I. PHONE NUMBER (HOME) (optional)	
CITY	STATE	ZIP CODE	J. FAX NUMBER (required)		K. EMAIL ADDRESS (required)	

2. SUPERVISOR INFORMATION

A. NAME (last, first, MI)			C. TELEPHONE NUMBER (OFFICE) (required)			
B. WORK ADDRESS			D. TELEPHONE NUMBER (HOME) (optional)			
STREET 1			E. TELEPHONE NUMBER (CELL WORK) (required)			
CITY	STATE	ZIP CODE	F. FAX NUMBER (required)		G. EMAIL ADDRESS (required)	

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

<input type="checkbox"/> SAME AS ABOVE			STREET 1			
<input type="checkbox"/> ALTERNATE ADDRESS (enter new address in the fields to the right)			CITY		STATE	ZIP CODE

SECTION II - RESPIRATOR USE

4A. WILL YOU BE REQUIRED TO USE A RESPIRATOR?	B. TYPE OF RESPIRATOR(S) (select all that apply)				
<input type="checkbox"/> NO. GO TO SECTION III.	<input type="checkbox"/> SELF-CONTAINED BREATHING APPARATUS	<input type="checkbox"/> POWERED AIR PURIFYING RESPIRATOR			
<input type="checkbox"/> YES. COMPLETE ITEM 4B.	<input type="checkbox"/> ELASTOMERIC HALF OR FULL FACE RESPIRATOR	<input type="checkbox"/> FILTERING PAPER RESPIRATOR			

SECTION III - RABIES VIRUS EXPOSURE

5A. DURING THE COURSE OF YOUR DUTIES, IS THERE A LIKELY OR ACTUAL EXPOSURE TO THE RABIES VIRUS?			
<input type="checkbox"/> NO. GO TO SECTION IV.			
<input type="checkbox"/> YES. HOW?			
B. RECEIVED RABIES VACCINATION?		C. DATE OF LAST TITER	D. DATE OF LAST VACCINE
<input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION IV - TUBERCULOSIS

6. DO YOU NEED A TUBERCULOSIS TEST?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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SECTION V - TRAVEL MEDICINE CONSULTATION

7. DO YOU HAVE IMMUNIZATION RECORDS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES (See note in Item 8, below)
8. AS PART OF YOUR OFFICIAL DUTIES, WILL YOU BE TRAVELLING TO AN INTERNATIONAL DESTINATION?		
<input type="checkbox"/> NO. GO TO SECTION VI.		
<input type="checkbox"/> 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
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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](#)).
- d) After all signatures are obtained, upload the signed form into the USDA APHIS FOH SecureSend drop box at <https://securesend.psc.gov/s/KxPaQW5MdjsXKks>.

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.