

Pregnancy and Health Risk Notification and Release

(Please complete the following information)

Name of Student or

Employee: _____

Address: _____

_____ Phone: (Home) _____

(Cell) _____ E-mail Address: _____ Stage of

Pregnancy: _____ Weeks (if applicable) Nature of other condition that predisposes the student or employee to health risk (if

applicable). _____

Prevention for Students and Employees:

Appropriate immunizations and health insurance is required for employees and students. Students must complete the green Verification Form as proof of being appropriately immunized and of having health insurance. Students and employees must check below where applicable:

1. I have received pre-exposure rabies prophylaxis. Yes. _____ No. _____ N/A _____ I do not teach a clinical laboratory that involves working with animals.
2. I have received immunization against Tetanus. Yes. _____ No. _____ N/A _____ I do not teach a clinical laboratory that involves working with animals.
3. I have health insurance. Yes. _____ No. _____ N/A _____ I do not teach a clinical laboratory that involves working with animals.

I have read and understand the above information regarding health risks in the Program of Veterinary Technology. I certify that I will be involved in the Program of Veterinary Technology despite these risks.

Name of Student or Employee Date