

**UNIVERSITY OF MISSOURI-ST. LOUIS
ANIMAL CARE AND USE
OCCUPATIONAL HEALTH AND SAFETY PROGRAM**

I hereby certify that I have received and read the document:

*Information for Personnel Involved in Laboratory Animal Care and
Researchers Who Work With Laboratory Animals*

I understand that the University recommends that I have an annual health examination and that I keep my tetanus vaccination current.

Signature

Date

Name Printed or Typed

Department

Protocol Number(s)

If you are a course instructor or principal investigator, check here .

If not, please name the investigator(s) or course instructor(s) and the protocol number for the project you are working on involving animals:

Investigator / Instructor Name

PLEASE RETURN THIS FORM TO:

Animal Welfare Unit
Office of Research Administration
341 Woods Hall