



Animal Allergen Declination Statement:

The following statement of declination must be signed by an individual who works with animals but chooses not to participate in the animal allergen surveillance program. The statement can only be signed by the employee following appropriate training regarding animal allergies, their signs and symptoms, associated health risks, and benefits of the surveillance program. The statement is not a waiver; employees can participate in the animal allergen surveillance program at a later date if they remain occupationally exposed to animals.

Declination Statement:

I understand that because I may come into contact with animals during the course of my work, I may be at risk of developing allergies to animals. I have read the required information “Allergies to Animals” on the VOHC website at <http://www.vanderbilt.edu/HRS/wellness/ohcanimalallergies.htm> and have been offered the chance to be a part of the Vanderbilt University animal allergen surveillance program by filling out the animal allergen questionnaire. Filling out this questionnaire can help to identify people who have, or are at risk of developing, allergies to animals. I understand that these allergies can range from very mild (such as watery eyes or itching) to life-threatening (swelling, throat tightening, and trouble breathing). I choose not to participate in the allergy surveillance program at this time. I understand that by not participating in the program, potentially serious symptoms may not be able to be identified as allergy symptoms early in their course. Therefore preventive treatments could be delayed, though treatment of the symptoms as they arise still could be done. This could result in potentially serious long-term health problems. If, in the future, I continue to come in contact with animals because of my job and want to participate in surveillance, I can fill out the questionnaire. I understand that if I choose in the future to fill out the questionnaire, I must fill out a new questionnaire every year while I am a part of the allergy surveillance program.

Print Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

Employee ID number: _____

Department: _____