UCF	Environmental Health and Safety	Effective Date: 03/15/2023	
TITLE:	How to Encrypt a PDF Document	Revision: 1	Page 1 of 4
with Pa		Approved by Melina Kinsey, I Officer	Biological Safety
		Date: 03/15/202	23

1. APPLICABILITY

For submission of the **Animal Exposure Program Medical Questionnaire** via email to the Occupational Health Care Physician at Centra Care, see the following instructions. Instructions below will allow you to send the questionnaire encrypted securely.

2. INSTRUCTION

A. Open the PDF form (Animal Exposure Enrollment Packet).

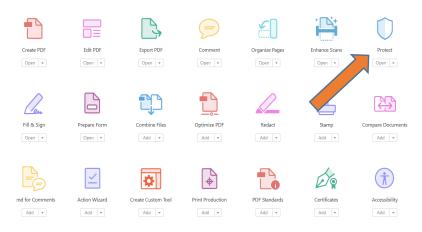
				,	Animal Exposure Program
	Animal Ex	posure Program	Medical Qu	estionnaire	
Name:		UCF ID#		Employee Stude	ent Volunteer
Address:				Phone:	
Email:		Date of	f Birth:	Cell Phone:	
Supervisor/PI:		Depart	ment Name:		Date:
A. Immunization a	nd Infectious Dis	ease History			
Have you ever had for immunization.	or do you now ha	ve any of the following	ng immunizatior	ns? You must supply	y most recent year
If the answer is ye unknown, select "		ply a date. If the an	swer is no, che	eck the 'no' colum	n. If the answer is
Incomplete forms	will be returned.				
Vaccination History					
	Yes	Date	No	Don't Know	Incomplete (Hep, B only)
Tetanus					(hep. b only)
Hepatitis B					
(Series of 3)					
1. Will you be worki	ng with any biolog	jical materials?			Yes No
If yes, please exp	plain:				

B. After completing and saving the document, please contact Melina Kinsey at <u>melina.kinsey@ucf.edu</u> to obtain the password.

C. Once obtaining the password, click on "Tools".

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				,	AEP - Form 2 Animal Exposure Program
	Animal E	xposure Progran	n Medical Qu	estionnaire	
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Address:				Phone:	
Email:		Date o	of Birth:	Cell Phone:	
Supervisor/PI		Depar	tment Name		Date:
		Disease History nave any of the follow	ing immunization	s? You must supply	y most recent year
Have you ever had for immunization.	d or do you now h es, you must su				
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Have you ever had for immunization. If the answer is you unknown, select	d or do you now h es, you must su "Don't know." s will be returned y	nave any of the followi pply a date. If the ar d.	nswer is no, che	ck the 'no' column	
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D. Then, click on "Protect". On the center top click "Encrypt" and scroll down to "Encrypt with password". Click "yes" on "Are you sure you want to change the security on this document".



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E. Click on the box "Require a password to open the document".

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O Encrypt only file attachments (Acrobat 7 and later compatible)	
All contents of the document will be encrypted and search engines will not be able to access the document's metadata.	
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F. On the "Document open password" space, enter the password provided by EHS and click "ok".

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G. Email the Animal Exposure Program Medical Questionnaire to (cc.onsitefax@AdventHealth.com).

*Note: A copy of an identification (ID) will need to be submitted along with the encrypted questionnaire.

Please contact <u>Melina.Kinsey@ucf.edu</u> if you have any questions or concerns.

3. DISTRIBUTION

This document is shared through:

EHS onlySecured Document

Facility and Safety
Contractor

☑ UCF community☑ EHS Web site

□ Other: _____