



Environmental Health and Safety

TITLE: How to Encrypt a PDF Document with Password

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Approved by

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Date: 06/18/2026

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).

AEP - Form 2
Animal Exposure Program

Animal Exposure Program Medical Questionnaire

Name: _____ UCF ID# _____ Employee Student Volunteer

Address: _____ Phone: _____

Email: _____ Date of Birth: _____ Cell Phone: _____

Supervisor/PI: _____ Department Name: _____ Date: _____

A. Immunization and Infectious Disease History
 Have you ever had or do you now have any of the following immunizations? You must supply most recent year for immunization.
 If the answer is yes, you must supply a date. If the answer is no, check the 'no' column. If the answer is unknown, select "Don't know."
Incomplete forms will be returned.

Vaccination History

	Yes	Date	No	Don't Know	Incomplete (Hep. B only)
Tetanus	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Series of 3)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Will you be working with any biological materials? Yes No
 If yes, please explain:

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

C. Once obtaining the password, click on “All Tools”.

The screenshot shows a web browser window with the 'All tools' menu open on the left side. An orange arrow points to the 'All tools' button. The main content area displays the 'Animal Exposure Program Medical Questionnaire' form. The form includes fields for Name, UCF ID#, Employee, Student, Volunteer, Address, Phone, Email, Date of Birth, Cell Phone, Supervisor/PI, Department Name, and Date. Below the form is a section titled 'A. Immunization and Infectious Disease History' with instructions and a table for recording immunization history.

Vaccination History	Yes	Date	No	Don't Know	Incomplete (Hep. B only)
Tetanus	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Series of 3)	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Will you be working with any biological materials? Yes No

D. Then, click on “Protect a PDF”. Select “Encrypt with password.” Click “yes” on “Are you sure you want to change the security on this document.”

The screenshot shows the 'All tools' menu open on the left side. An orange arrow points to the 'Protect a PDF' option. The main content area shows the 'Animal Exposure Program Medical Questionnaire' form with three questions related to biological materials and infectious diseases.

1. Will you be working with any biological materials? Yes No
If yes, please explain:

2. Have you ever been diagnosed with an infectious, viral, bacterial, or parasitic illness that had been confirmed to have come from an animal? Yes No
If yes, please explain:

3. Have you ever suspected that you acquired an illness from an animal or animal materials/tissue at work or elsewhere, but were unable to confirm this? Yes No
If yes, please explain:

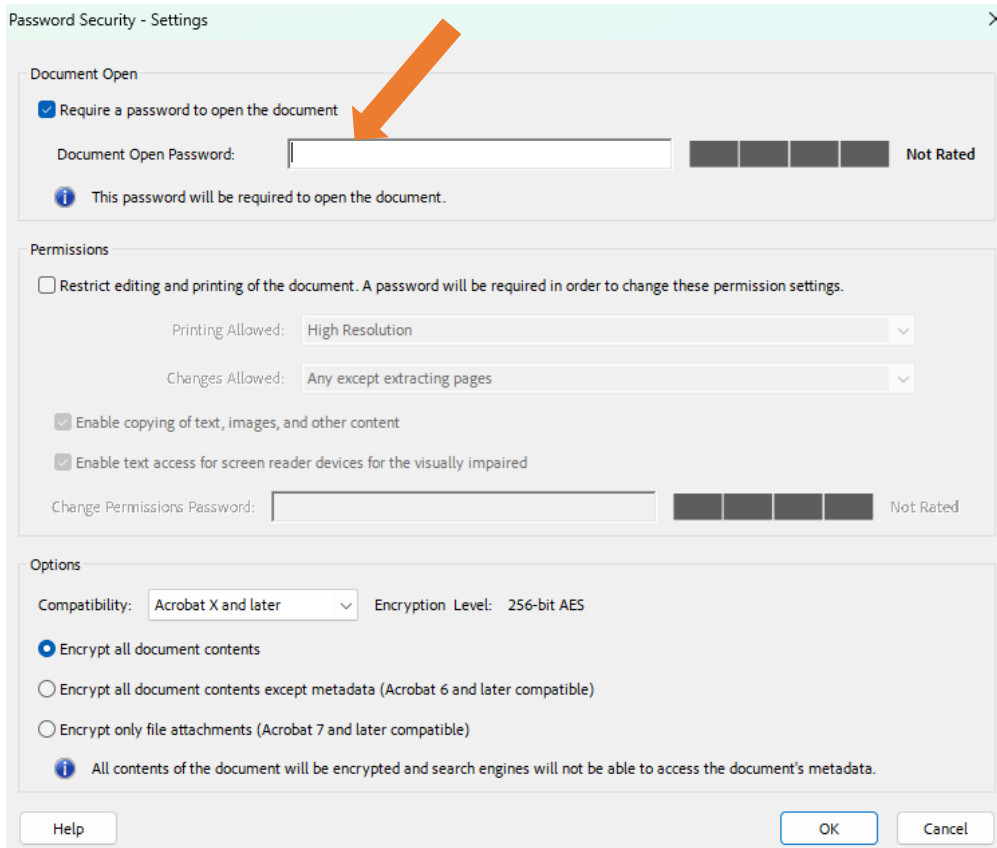
The image consists of two screenshots of a PDF protection software interface. The top screenshot shows the 'Protect a PDF' sidebar on the left with an orange arrow pointing to the 'Encrypt with Password' option. The main window displays a form titled 'Animal Exposure Program Medical Questionnaire' with fields for Name, UCF ID#, Employee/Student/Volunteer status, Address, Phone, Email, Date of Birth, Cell Phone, Supervisor/PI, Department Name, and Date. Below the form is a section for immunization history with a table of checkboxes and dates.

The bottom screenshot shows the same interface, but with 'Encrypt with Password' selected in the sidebar. A dialog box titled 'Applying New Security Settings' is overlaid on the form, asking 'Are you sure you want to change the security on this document?'. An orange arrow points to the 'Yes' button in the dialog box.

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

The image shows a 'Password Security - Settings' dialog box. Under the 'Document Open' section, there is a checkbox labeled 'Require a password to open the document'. An orange arrow points to this checkbox. Below the checkbox is a text field for 'Document Open Password:' which is currently empty, followed by a series of black squares representing a password mask and the text 'Not Rated'. Below this is an information icon and the text 'No password will be required to open this document.' Under the 'Permissions' section, there is a checkbox labeled 'Restrict editing and printing of the document. A password will be required in order to change these permission settings.' and a dropdown menu for 'Printing Allowed:' set to 'High Resolution'.

F. On the “Document open password” space, enter the password provided by EHS and click “ok”.



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 Melina.Kinsey@ucf.edu if you have any questions or concerns.

3. DISTRIBUTION

This document is shared through:

- | | | |
|---|--|---|
| <input type="checkbox"/> EHS only | <input type="checkbox"/> Facility and Safety | <input checked="" type="checkbox"/> UCF community |
| <input type="checkbox"/> Secured Document | <input type="checkbox"/> Contractor | <input checked="" type="checkbox"/> EHS Web site |
| <input type="checkbox"/> Other: _____ | | |