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

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 “Tools”.

File Edit View Window Help

Home **Tools** Document

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: _____

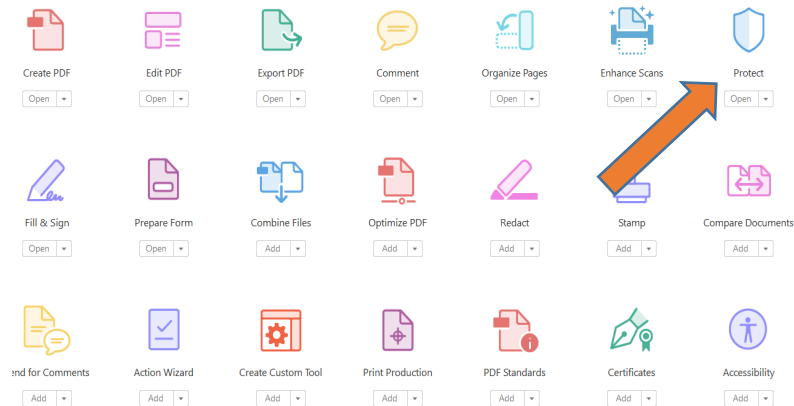
A Immunization and Infectious Disease History
Have you ever had or do you now have any of the following immunizations? You must supply most recent year for immunization.
If the answer is yes, you must supply a date. If the answer is no, check the 'no' column. If the answer is unknown, select "Don't know."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

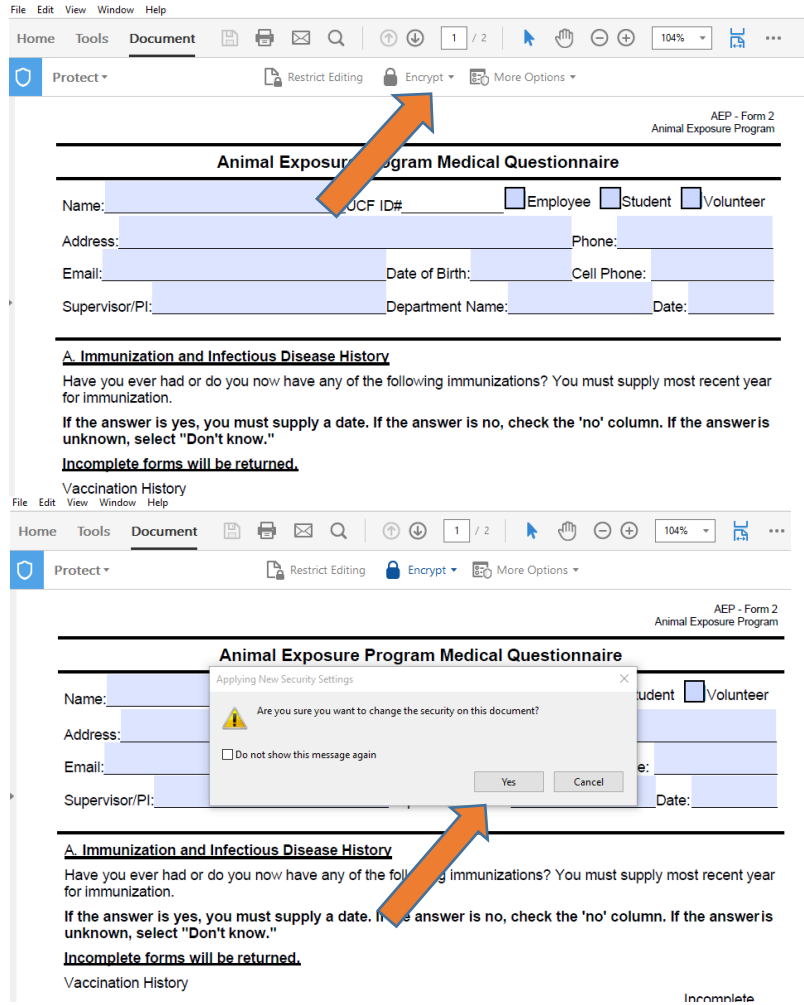
Vaccination History

	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"/>

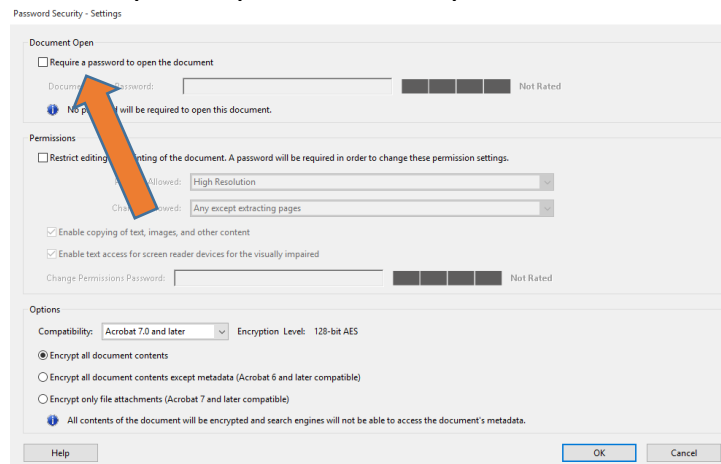
1. Will you be working with any biological materials? Yes No
If yes, please explain:

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”.

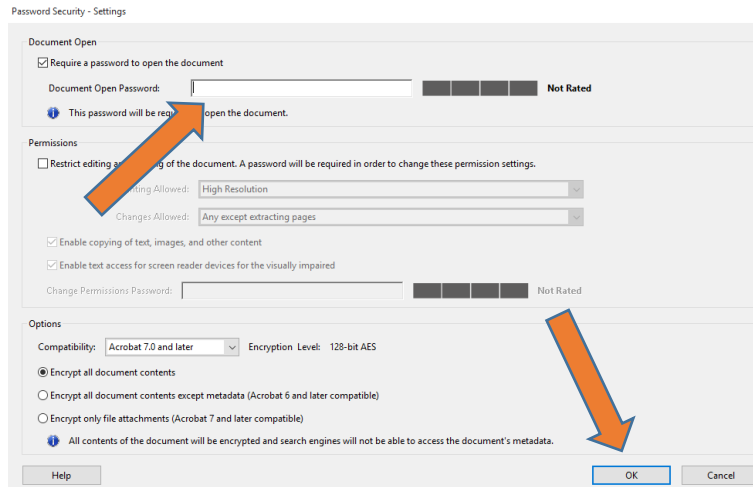




E. Click on the box “Require a password to open the document”.



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: _____ | | |