

# How to Encrypt a PDF Document with Password

## For Submitting Animal Exposure Program Medical Questionnaire

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.

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

AEP - Form 2  
Animal Exposure Program

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**Animal Exposure Program Medical Questionnaire**

Name: \_\_\_\_\_ UCF ID# \_\_\_\_\_  Employee  Student  Volunteer

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Supervisor/PI: \_\_\_\_\_ Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**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:

2. After completing and saving the document, please contact Don Sibley at 407-823-1526 or 407-266-7050 to obtain the password.
3. Once obtaining the password, click on "Tools".

File Edit View Window Help

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AEP - Form 2  
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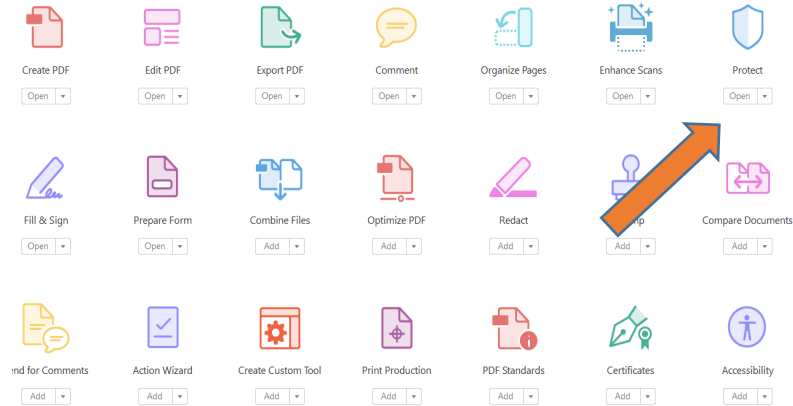
Vaccination History

	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:

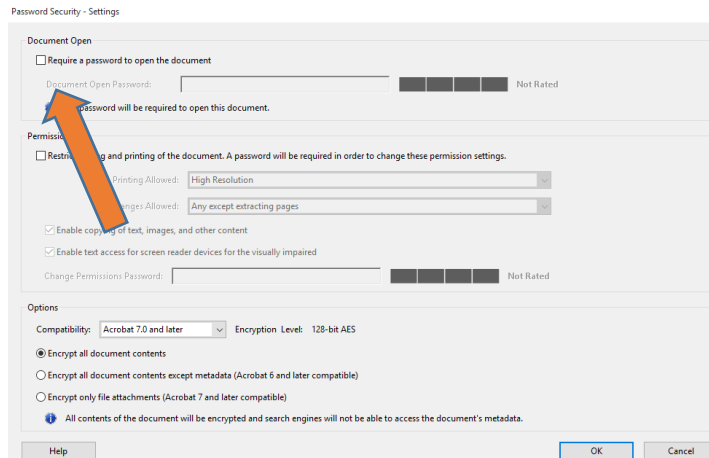
4. Then, click on “Protect”. On the center top click “Encrypt” and scroll down to “Encrypt with password”. Click “yes” on “Are you sure you want to change the security on this document”.



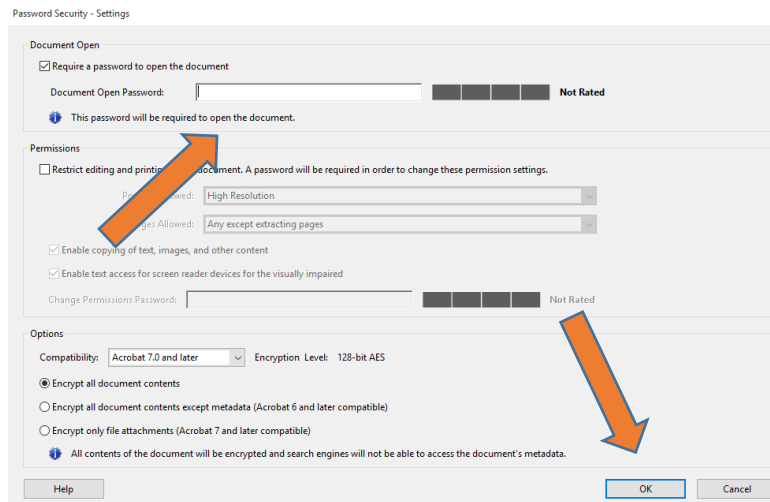
The image shows the Adobe Acrobat interface with the 'Protect' tool menu open. The 'Encrypt' option is highlighted with a red arrow. The menu options are: Restrict Editing, Encrypt, and More Options. The document is titled 'Animal Exposure Program Medical Questionnaire' and contains fields for Name, 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 'Vaccination History' table.

The image shows the Adobe Acrobat interface with a dialog box open. The dialog box asks 'Are you sure you want to change the security on this document?' and has 'Yes' and 'Cancel' buttons. The 'Yes' button is highlighted with a red arrow. The document is titled 'Animal Exposure Program Medical Questionnaire' and contains 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 'Vaccination History' table.

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



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



7. Email the Animal Exposure Program Medical Questionnaire to (Andrea.Flanagan@flhosp.org).

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

Please contact [Don.Sibley@ucf.edu](mailto:Don.Sibley@ucf.edu) if you have any questions or concerns.