

**Vanderbilt University Medical Center**  
**Occupational Health Clinic**  
**Animal Allergy N-95 Declination Statement**  
Patient Completed Information

Employee ID Number: \_\_\_\_\_

Department: \_\_\_\_\_

Room: \_\_\_\_\_

**Animal Allergy N-95 Declination Statement**

The following statement of declination must be signed by an individual who works with animals, has participated in the allergy surveillance program and been identified as having animal allergy symptoms, but chooses not to be fit-tested for or wear the recommended N-95 respirator to control allergy symptoms. 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 wearing the N-95 respirator. The statement is not a waiver; employees can elect to be fit-tested and wear the N-95 respirator at a later date if they remain occupationally exposed to animals and continue to have animal allergy symptoms.

**Declination Statement:**

I understand that because I have participated in the animal allergy surveillance program and have reported allergy symptoms specific to working with animals, I may be at risk of developing worsening allergies or asthma. 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 have read the required information "Animal Allergies" on the OHC and have been offered the chance to be further evaluated by an OHC provider and be fit-tested for an N-95 respirator. Wearing an N-95 respirator can help minimize exposure to allergens and help minimize the risk of worsening allergies or the development of asthma. I understand that by not participating in the respirator program, potentially serious symptoms may develop and 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, such as asthma. If, in the future, I continue to experience allergy symptoms because of my exposure to animals at my job and want to participate in the respirator program I can be fit-tested for an N-95. I understand that if I choose in the future to wear an N-95 respirator, I must be fit-tested every year while I am a part of the respirator program.

Patient/Legal Representative Print Name: \_\_\_\_\_

Patient/Legal Representative Signature: \_\_\_\_\_

Relation: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_