

FIGURE 1
NEW EMPLOYEE OR VOLUNTEER NOTIFICATION

This is to certify that _____, as an employee of _____ received information regarding the risks and hazards of working in a veterinary facility.

I acknowledge by my signature below that I have received and understand the information described above. Further, I understand that should I become pregnant, it is my responsibility to inform my supervisor of my condition immediately.

Supervisor: _____

Employee: _____

Date: _____