

**Verification of Training for Work with Vaccinia Virus
and Other Orthopoxviruses**

Prior to being given access to a laboratory that harbors vaccinia virus and/or other Orthopoxviruses, you will need to be given information about infectious vaccinia virus (through "Guidelines for Working with Vaccinia Virus and Other Orthopoxviruses" and online training). Using this form, you must verify that you have been adequately informed, are aware of the potential for exposure, and understand the risks and symptoms associated with the vaccinia virus.

Please submit this completed verification to the UTA Environmental Health & Safety Office (EH&S), Box 19257, attention Biological Safety Specialist.

If you have questions, contact EH&S at ext. 2-2185 or 817-272-2185.

I, _____, certify that: 1) I have been given information on vaccinia virus; 2) I understand that I will be entering a laboratory in which I may have an occupational exposure to vaccinia virus and may be placed at risk of acquiring an infection caused by the agent.

_____	_____	_____	_____
Print Name	Student UTA ID (1000#)	Signature	Date

_____	_____	_____
Print Faculty Sponsor Name	Faculty Sponsor Signature	Date

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.