

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Zika Virus Counseling Record

Name	Date
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I have received counseling about:

- how I may be exposed to Zika virus during travel or in the laboratory;
- the risks of infection with Zika virus, including the potential for birth defects in the fetus; and
- how to protect myself from exposure to Zika virus during travel or in the laboratory, including covering exposed skin, using EPA-registered insect repellents, and using standard precautions, certain types of personal protective equipment, and specific lab practices/procedures.

In addition:

- I have discussed my Zika virus-related health concerns with the OHS clinician or my health care provider, and my questions were answered to my satisfaction.

As a result of the information I have received, I am able to make an informed decision as to whether or not I will accept the risk of being exposed to Zika virus.

I decide to (*Select one*):

- ☐ accept the risks of Zika virus transmission associated with travel or other FDA duties, or
- ☐ decline FDA duties and travel that may increase risk of Zika transmission.

Employee Acknowledgement, and Concurrence of Clinician/Provider and Supervisor

Employee Signature	Date
OHS Clinician or Healthcare Provider Signature	Date
Physician Comment	Expiration Date
Supervisor Signature	Date