

HANTAVIRUS SAFETY INFORMATION

Please complete, detach and return this page to your supervisor.

Read and retain the remainder of this packet with your records as a future reference.

CERTIFICATION OF RECEIPT

I certify that I have received notice of the presence of the Hantavirus within Channel Islands National Park and have been informed of Hantavirus Pulmonary Syndrome (HPS) risk reduction measures and safe cleanup procedures for Hantavirus-contaminated areas as provided through this memorandum and the attached information:

- Centers for Disease Control and Prevention Notice "*Hantavirus Pulmonary Syndrome (HPS): What you Need to Know*"
- Centers for Disease Control and Prevention Brochure: "*Prevent Hantavirus Pulmonary Syndrome*"

I certify that I have read and understood these materials, and that I have been properly notified of the presence of Hantavirus in the Park, and that my activities in the Park may expose me to some risk of contracting HPS.

Please Print Name

Signature (Parent or Guardian must sign for minors)

Date

Print Name of Parent or Guardian

Check appropriate box

- Employee
- Volunteer
- Cooperator
- Research Permit Holder
- Contractor
- Other _____