- ii. If your trip involves travelling outside the country, you should contact Health Services to learn about the required and recommended vaccinations for your location. Some countries require proof of vaccinations prior to entry. To allow enough time, please schedule your visit six to eight weeks prior to departure.
 c. Take a Cardiopulmonary Resuscitation (CPR) or First Aid class. Contact the local chapter
- of the American

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xi. Be aware of the appearance and habitat of likely pests, such as those described in the following pages.

Table 4: Animals and Pests Found Worldwide

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Table 5: Animals and Pests Found in North America

Table 6 (cont.):

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V. Diseases

- a. Viruses, bacteria, fungi, and parasites cause diseases in nearly every location worldwide. Some diseases, which are carried or transmitted by an animal, are known as "vector-borne" diseases. Where appropriate, the scientific name of the disease organism, or vector, is included in italics in Tables 7 and 8.
- b. Th

Table 7: Diseases Found Worldwide

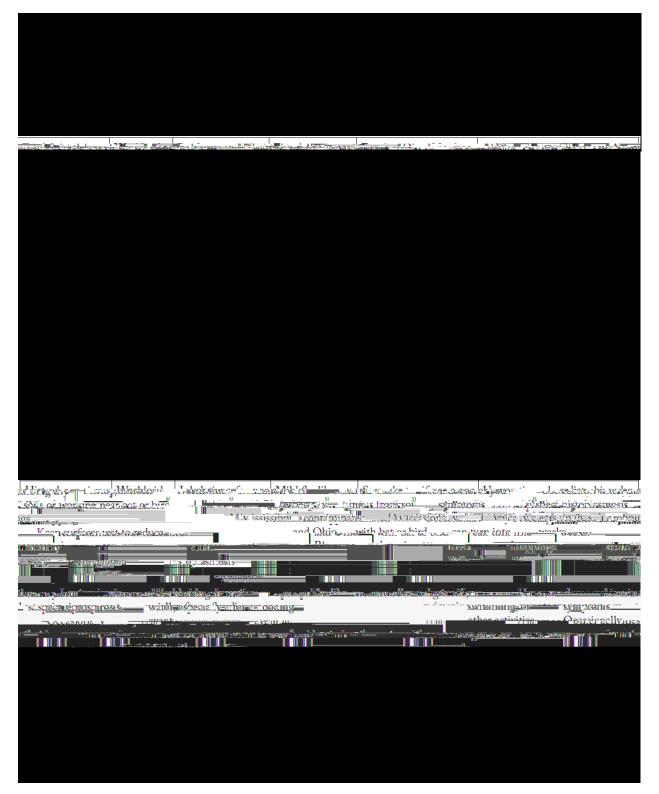


Table 7 (cont.):



Table 8: Diseases Found in North America

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Table 8 (cont.):

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Rocky	United	Infection through the	Sudden onset of fever,	See a doctor if you	Avoid tick-infested

- d. Proper rodent handling:
 - i. Steps can be taken to reduce the risk of rodent-borne diseases. Most important:

Tennessee Tech University Field Research Safety Plan

This form may be used by the Principal Investigator (PI), or Project Lead, to assist with the development of a Safety Plan. The completed Safety Plan should be shared with all the members of the field research team and kept on file on campus. Multiple trips to the same location can be covered by a single Safety Plan. The Safety Plan should be revised whenever a significant change to the location or scope of fieldwork occurs. EHS is available to assist in completion or review of the Safety Plan (x3227).

Principal Investigator:	Department:
Phone Number:	E-mail Address:
Dates of Travel: (List multiple dates if more th	an one trip is planned.)
Location of Field Research:	Country:

6.					
7.					
8.					
9.					
10.					
Travel Immunizations: (Please list required immunizations/prophylaxis.) Contact Health Services at 372-3320					
Field Team Membership (Please list the name team, and identify the Field Team Leader.)	es of all members of the field research				