**Animal Care and Use Exposure Risk Assessment**

**Introduction**

All persons listed on any animal protocol approved by WesternU’s IACUC must complete this form annually. Certain medical conditions can increase the risk of health problems when working with animals or biohazardous materials. Such conditions could include, but are not limited to: allergies to animals or their dander, allergies to latex, asthma, chronic obstructive pulmonary disease (COPD), heart valve disease, and immunosuppression due to infection (e.g., HIV), metabolic disease (e.g., diabetes), pregnancy, or treatment with drugs or biologics (e.g., corticosteroids, anabolic steroids, chemotherapeutic agents). This form is being used to help identify potential risks or health related issues so that appropriate education and protective equipment is provided to participants in order for them to safely work with or around research animals as well as to determine whether special accommodations may be necessary. Once you have completed this form, you must date and sign it (electronic signatures will NOT be accepted) and submit this form to the Student-Employee Health Office located in the Anderson Tower at 100 W 2nd Street, Room 219, Pomona. You may send a hardcopy by campus mail or via fax. All health/medical information provided will remain confidential.

**Identification Information** Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider (physician, nurse practitioner, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupational Risk Factors**

1. Are you currently pregnant?  No  Yes

If yes, stop and refer to Occupational Health specialist.

1. Are you considering pregnancy in the next 3 months?  No  Yes

If yes, stop and refer to Occupational Health specialist.

1. What facility/location/room do/will you work in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you listed on a research protocol?  No  Yes If yes, who is the Principal Investigator and what is the

protocol approval number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you require any accommodations in order to perform your job duties?  No  Yes

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Present Health Status**

1. Are you currently under the care of a healthcare provider for any medical condition or taking any medications that could compromise your immune system (See examples listed under **Introduction**)?

No  Yes

If yes, please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you use or have you used any of the following tobacco products? Check all that apply.

cigarettes  No  Yes How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cigars  No  Yes How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

pipe  No  Yes How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

chewing tobacco  No  Yes How often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Focused Health History: Allergies**

1. Do you have a history of allergies?  No  Yes

Check all that apply.

animals  asthma  eczema  foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hives  latex  insects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

seasonal rhinitis (“hay fever”)  trees, grasses molds

medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you presently taking any medications for allergy symptoms such as itchy, watery eyes; runny nose; sneezing; or, asthma?  No  Yes

If yes, please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever had allergy testing performed?  No  Yes (Please provide a copy of the results)

**Immunizations**

**NOTE: You must provide documentation of your previous immunizations/titers.**

|  |  |  |  |
| --- | --- | --- | --- |
| Immunization or Test | Date Received | Titer Date | Titer Result |
| BCG (TB vaccine) |  |  |  |
| Hepatitis B (series of 3 shots) |  |  |  |
| PPD skin test (for TB diagnosis) |  |  |  |
| Rabies (series of 3 shots) |  |  |  |
| Tetanus (Td or Tdap) |  |  |  |

1. Have you ever had an adverse reaction to any of these immunizations or tests? If so, please describe.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check those items that you are/will be exposed to in the performance of your assigned job duties.

* Carcinogens/mutagens/teratogens
* Infectious agents (bacteria, viruses, fungi, parasites, prions)
* Ionizing radiation or radioisotopes
* Lasers
* Recombinant DNA
* Toxic chemicals
* Antineoplastic (anticancer) agents (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Anesthetic gases (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Human-derived material (e.g., blood, tissues, cells from patients, cell lines) – Describe material(s) and specify source(s) and approximate amounts/volumes to be handled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Laboratory Animal Use (Check all that apply)
   * No animal contact (Skip to question 18).
   * No direct animal contact but will be working in areas where animals are housed or used.
   * Does not conduct procedures on live animals but handles “unfixed” animal tissues and fluids.
   * Handles, restrains, collects specimens or administers substances to live animals.
   * Performs invasive procedures such as surgery, necropsy.
2. How long have you worked with animals?  0-1 years  1-5 years  >5 years
3. What species or types of animals are you/will you be exposed to or working with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What equipment and personal protection equipment (PPE) do you use when working with laboratory animals? Check all that apply.

Animal transfer station  Dedicated Lab coat

Chemical fume hood  Head cover

Biological Safety Cabinet  Shoe covers

Protective safety glasses/goggles  Surgical mask

Face Shield  Respirator (e.g., N95, PAPR, etc.) \_\_\_\_\_\_\_

Gloves (specify latex or nitrile)

Other – Explain: \_\_\_\_\_\_

1. On average, how much exposure to laboratory animals do/will you have?

< 1 hour per week  1-8 hours per week  > 8 hours per week

1. Do you have any health or workplace concerns not covered by this questionnaire that you feel may affect your occupational health and would like to confidentially discuss with a healthcare professional?  No  Yes

My signature below certifies that the above statements are true, complete and correct to the best of my knowledge. I am aware that contact with animals may result in exposure to various animal allergens which may cause allergic reactions despite the use of engineering and safe work practices. I acknowledge that I may be contacted by WesternU’s Student-Employee Health Office (SEHO) if there are any questions related to my answers on this form. I further authorize the SEHO to provide information related to my eligibility for participation in the Animal Care Program to the Chair of the IACUC and/or the Vice President for Biotechnology and Research.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Form Reviewed by: Date:

\_\_\_\_\_ No issues identified \_\_\_\_\_ Recommend Tetanus Booster if more than 10 years since last one

\_\_\_\_\_ Refer to primary healthcare provider for further evaluation and clearance

\_\_\_\_\_ Additional assessment indicated, lab worker notified on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_