

Renewal -Risk Assessment for Animal Contact Form Instructions

Animal Contact Medical Monitoring Program

Office of Occupational Medicine, Division of Environmental Health & Safety

November 2009

Everyone in the animal contact program at UF must submit the Renewal-Risk Assessment form at least every three years or any time they contact a new animal species. The information provided will be evaluated by UF Student Health Care Center (SHCC) medical personnel to determine if there are any new potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. The SHCC will “clear” you with or without restrictions on your work or extra precautions, depending on your current health status and your current animal exposure. Please contact the Occupational Medicine (OCCMED) Program at the Division of Environmental Health and Safety (EH&S) with any questions at 392-1591.

It is the responsibility of the PI to ensure that the Renewal forms are submitted to the SHCC at the appropriate time. Approval to work with animals is valid for three years from the original or renewal approval date, unless species or individual health issues change.

SHCC approval changes with the addition/deletion of species or health issues. The individual is responsible for notifying the SHCC any time animal contact changes or for health status changes. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, contact the SHCC at 392-0627 to discuss how these changes will affect your ability to work with or in close proximity to animals. **Also, for any added species contact, complete the Renewal-Risk Assessment form and submit it to the SHCC. List all animals contacted on the Renewal form, not just the added species.**

If you do not have animal contact, do not work in proximity to animals or are on an outside observation project, fill in the first section of the form, check the first box under Animal/Tissue use, and return your form by mail to EH&S OCCMED, Box 112195, Gainesville, FL 32611 or by fax at 392-3414.

General Animal Contact Requirements

1. The Animal Contact Handbook (<http://www.ehs.ufl.edu/bio/Animal/achand.htm>) describes the Animal Contact Program. Complete UF animal contact information is available on the EH&S website: <http://www.ehs.ufl.edu/bio/Animal/acweb.htm>
2. The following items are required:
 - Tetanus Immunization within 10 years - All participants
 - Rabies Immunization Series/Booster or Positive Titer every 2 years – All who handle unvaccinated carnivores or their tissue
 - Respirator Clearance and Fit Test – As required by the Q-Fever Policy <http://www.ehs.ufl.edu/bio/qfever/qmain.htm> or as needed to prevent allergic reactions
 - Serum Banking – All who 1) work with non-human-primates 2) handle blood from alligators or wild birds 3) meet requirements for serum banking per the Q Fever Policy <http://www.ehs.ufl.edu/bio/qfever/qmain.htm> or 4) all pre-menopausal females who handle cats or cat waste
 - TB Screening within 12 months – All individuals who enter any room with non-human primates
 - Medical consultation –As determined by the Occupational Medicine Physicians
3. Medical information entered on the Renewal Health Questionnaire will be considered confidential and kept only at the SHCC.

Routing of Renewal-Risk Assessment form

1. The participant must complete the first section of the Renewal form, sign it and give it to the Supervisor.
2. The Supervisor/PI must complete the Animal/Tissue Section and sign the form. This signature is mandatory for processing.
3. The participant must complete and sign the Renewal Health Questionnaire.
4. Submit the completed Renewal Contact Information and Renewal Health Questionnaire to the Student Health Care Center, Occupational Medicine Group, University of Florida, P.O. Box 100148, Gainesville, FL 32611 or fax copies to 846-2003. Incomplete forms will be returned. Hand delivery to the clinic at D2-52 of the Health Science Center Dental Tower is an option.
5. The SHCC will review the information and determine if the renewal medical clearance is approved or if additional information is needed. They will contact the individual through the Supervisor for further clinical interaction or a medical consultation.
6. If respirator use is required, the participant must contact EH&S at 392-1591 for a fit test appointment after medical clearance.
7. A Purchase Order number, P-card, or other payment method must be provided to cover the \$55 SHCC renewal evaluation fee.
8. The SHCC will distribute copies of the clearance statement to the Supervisor and EH&S.
9. The OCCMED Program at EH&S will track medical clearances for animal contact and provide clearance reports as requested.

SHCC Billing and Services Information

There is a \$55 fee assessed by the SHCC to evaluate each Renewal Risk Assessment form. This cost is borne by the employee's department. Medical services required for clearance to work with or in proximity to animals are provided by the SHCC at the Dental Satellite Office. Additional charges are assessed for these services.

Renewal -Risk Assessment for Animal Contact

Animal Contact Medical Monitoring Program – Contact Information

Name	UF Position Title	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
UFID # (required for processing)	UF Position #	Work Phone	
Department/Division	Box #	UFL.EDU Email	
Supervisor/PI	Supervisor's Phone	Supervisor's Box #	
Processing Payment Info - Fiscal person must provide payment info*			Supervisor's Email
PO#	or P-card #	Exp Date	
Fiscal Contact Name	Fiscal Contact Phone	Fiscal Contact Email	

***Insufficient payment info will delay risk assessment review.**

Describe your exposure/potential exposure to animals:

I certify this information is correct and I've reviewed the Animal Contact Program Handbook on the web www.ehs.ufl.edu/Bio/Animal/acweb.htm.

Signature: _____ Date: _____

Participant: have Supervisor fill in section below then you complete Renewal Health Questionnaire

Immunization/Screening History	Date
Tetanus Immunization (Required of all)	
Rabies Immunization (Required of all in contact with unvaccinated carnivores)	
Tuberculosis screening (Required annually for non-human primate exposure)	
Serum for Banking (Required for non-human primate, alligator & outdoor bird blood/tissue use, some goat/sheep/cattle contact, some females w/cat contact)	
HEPA/N-95 Respirator clearance (Required for some sheep/goat contact)	
HEPA/N-95 Respirator fit test (Annual fit tests needed for HEPA/N-95 use)	

Call 392-0627 for an appointment with SHCC at Health Science Center. Rm D2-51 in Dental Tower.

Supervisor to Complete this Section:

ANIMAL/TISSUE USE (Check all boxes that apply.)

- Has no animal contact, does not visit animal facilities, but is listed on a current IACUC project. Stop here, sign & return form (without health questionnaire) to EH&S OCCMED, Box 112195, Fax 392-3414.
- No longer active on an approved IACUC project & will not be working in the animal facilities. Stop here, sign & return form (without health questionnaire) to EH&S OCCMED, Box 112195, Fax 392-3414.
- No direct contact: observes animals or enters animal facility. Example: IACUC inspector, PPD personnel, UPD security.
- Does not conduct procedures on live animals but handles "unfixed" animal tissues and body fluids. Example: clinical lab staff.
- Handles, restrains, collects specimens from or administers substances to live animals.
- Performs invasive procedures such as obstetric procedures, surgery, necropsy.

I certify the information is accurate and I have trained the individual on the items described in the UF Animal Contact Program Handbook.

PI/Supervisor Signature: _____ Date: _____

Supervisor's Signature is Mandatory for Processing!!

⊗ **Box below for Student Health Care Center Use Only** ⊗

Animals/Tissue/Body Fluid Exposure: Check all that apply

<input type="checkbox"/>	Alligator blood or tissue
<input type="checkbox"/>	Bats
<input type="checkbox"/>	Birds/Poultry <input type="checkbox"/> Wild Bird blood or tissue
<input type="checkbox"/>	Cats
<input type="checkbox"/>	Cattle <input type="checkbox"/> Cattle-handle newborns or do obstetrical work
<input type="checkbox"/>	Dogs
<input type="checkbox"/>	Fish/amphibians
<input type="checkbox"/>	Guinea pigs
<input type="checkbox"/>	Horses
<input type="checkbox"/>	Mice/rats
<input type="checkbox"/>	Non-human primates <input type="checkbox"/> Non-human primate blood/tissue
<input type="checkbox"/>	Rabbits
<input type="checkbox"/>	Sheep/Goats
<input type="checkbox"/>	Unvaccinated carnivores or their tissue
If either one of next 2 is checked, attach form: www.ehs.ufl.edu/occmcd/N95.pdf	
<input type="checkbox"/>	Sheep/Goat used/housed at Health Center
<input type="checkbox"/>	Sheep/Goat obstetrics/surgery/handle newborns
<input type="checkbox"/>	Other

Student Health Care Center Statement

1. ___ No restrictions on animal use 2. ___ Specific restrictions on animal use 3. ___ Not cleared
Restrictions: _____

Reviewing Medical Officer _____ Date _____

Follow-Up Due

- 1 yr
- 3 yr

_____ other
Copy EH&S
Copy Supervisor

Animal Contact Medical Monitoring Program: Renewal Health Questionnaire

UNIVERSITY OF FLORIDA

<u>ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS</u>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any other known allergies? If yes, what? List cause(s) of allergies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. List symptoms that occur when you are suffering from your allergies: _____			
4. List any treatment that you received to relieve your allergies: _____			
5. Are you allergic or possibly allergic to the animals that you currently work with? If yes, have you been seen by a physician for this? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have asthma? If yes, list cause(s) (if you do not know, write "unknown") _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have asthma related to the animals that you currently work with? If yes, have you been seen by a physician for this? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you experience shortness of breath at work? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you developed any new medical problems since your last evaluation? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any chronic medical condition? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any problems with your immune system? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a history of heart disease? If yes, describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you take any medications (prescribed or over the counter) on a regular basis? If yes, please list. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you live with any indoor or outdoor pets? If yes, list _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any symptoms when exposed to your pets? If yes, list _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you wear a fit tested respirator (including N95) to perform any activities at work? If yes, date of last respirator training: _____ date of last supervised fit testing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL PERSONAL HEALTH CONCERNS

Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Occupational Health Consulting Physician (e.g. questions regarding immunity or medical conditions)?	<input type="checkbox"/>	<input type="checkbox"/>
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I have answered the questions on this form truthfully and to the best of my recollection.

Signature	UFID	Date
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