

Instructions for Completing the
Risk Assessment for Animal Contact
Animal Contact Medical Monitoring Program
Office of Occupational Medicine, Division of Environmental Health & Safety
UNIVERSITY OF FLORIDA
November 2009

Completion of the Contact Information and Health Questionnaire forms are required for all individuals who work with or in proximity to animals at the University of Florida. This work-related information will be evaluated by UF Occupational Medicine Physicians or Licensed Health Care Professionals (LHCP) at the Student Health Care Center (SHCC) to determine potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. UF Occupational Medicine Physicians or LHCP will “clear” you for animal contact – with or without restrictions on your work or extra precautions. Contact the Occupational Medicine Program (OCCMED) at the Division of Environmental Health and Safety (EH&S) with questions at 392-1591.

If you do not have animal contact and do not enter the animal facilities but are on an approved IACUC project, complete the first informational section, check the first box in the Animal/Tissue Use Section, sign the form and send it to EH&S OCCMED, Box 112195. No immunizations/tests are required and you do not need to complete the Health Questionnaire.

General Health Information: You and Your Work Environment

1. The University of Florida’s Animal Contact Program covers faculty, staff, students and volunteers or visitors who work with or in proximity to vertebrate animals. Individuals who handle certain animal wastes or tissues, including blood and body fluids are also included in the program. The program requirements are based on the type of exposure to animals.
2. The Animal Contact Handbook (<http://www.ehs.ufl.edu/bio/Animal/achand.htm>) describes the Animal Contact Program as well as includes health risks and medical requirements.
3. The following items are required:
 - Tetanus Immunization within 10 years - All participants with animal contact
 - Rabies Immunization Series/Booster or Positive Titer every 2 years – All individuals handling unvaccinated carnivores or their tissue
 - Respirator Clearance and Fit Test –All individuals required by the Q-Fever Policy <http://www.ehs.ufl.edu/bio/qfever/qmain.htm> or as medically necessary to prevent allergic reactions
 - Serum Banking – 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>
4) pre-menopausal women with cat contact
 - TB Screening within 12 months – All individuals who enter any room with non-human primates
 - Medical consultation –As determined by the Occupational Medicine Physicians
4. If you are immunocompromised due to treatment of certain diseases, e.g. cancer, lupus, rheumatoid arthritis, asthma, or as a result of chronic viral illness, special considerations may need to be made for your safety. You are encouraged to confidentially discuss your condition with the LHCP or your personal care physician.
5. **Female Personnel:** If you are pregnant or become pregnant while at the University of Florida, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, or chemical agents. (*It is recommended that you discuss your pregnancy and your work environment with your personal care physician or UF Occupational Medicine Physician or Licensed Health Care Professional as early as possible in case precautions need to be instituted.*)
6. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, please contact the SHCC to discuss how these changes will affect your ability to work with or in close proximity to animals.
7. Your Risk Assessment for Animal Contact must be updated on a periodic basis and any time you change or add species. **IMPORTANT:** If you add or delete a species, complete the Renewal Risk Assessment form listing ALL animals contacted, not just the new species. The information on the latest form received supersedes information previously provided, thus approval will just be granted for the new species if it’s the only one listed.
8. Medical clearance for animal contact is required for individuals seeking access to Animal Care Services (ACS) facilities.
9. Medical information entered on the Health Questionnaire is confidential and kept only at the Student Health Care Center.

Routing of Risk Assessment Contact Information and Health Questionnaire Forms

These forms should be completed at the time a department fills a vacant position that involves work with or in proximity to vertebrate animals. These forms should also be completed any time an individual's duties change such that they will work with or in proximity to vertebrate animals.

1. The participant must complete the first section of the Risk Assessment form - Contact Information page, sign it and give it to the Supervisor to complete the Animal/Tissue Use section.
2. The Supervisor/PI must complete the Animal/Tissue Section on the Risk Assessment form- Contact Information page. This signature is mandatory for processing.
3. Supervisor/PI must obtain payment information from the departmental Fiscal contact. **Insufficient payment info will delay risk assessment review.**
4. The participant must complete and sign the Health Questionnaire.
5. Submit BOTH the completed Contact Information and Health Questionnaire to the Student Health Care Center, Occupational Medicine Group, University of Florida, P.O. Box 100148, Gainesville, FL 32611. You may fax copies to (352) 846-2003. Incomplete forms will be returned, delaying your clearance to work with animals.
6. The SHCC will review the information and determine whether medical clearance is approved or whether additional information is needed. They will contact the individual through the Supervisor if further clinical interaction or a medical consultation is needed.
7. If respirator use is required, the participant must contact EH&S at 392-1591 for a fit test appointment.
8. A Purchase Order number, P-card, or other payment method must be provided. See Billing Section below for details.
9. When medical clearance is established, the SHCC will distribute copies of the clearance statement to the Supervisor and EH&S.
10. The OCCMED program at EH&S will track medical clearances for animal contact and provide clearance reports as requested.

Further Animal Contact Program Information

More UF Animal Contact Program information is on the EH&S website: <http://www.ehs.ufl.edu/bio/Animal/acweb.htm>. Documentation of Animal Contact Handbook review is required on the Risk Assessment form.

SHCC Services Information

Please route all risk assessment forms through the SHCC Dental Tower Clinic. Their fax # is (352) 846-2003. Their phone number is (352) 392-0627. They are located on the second floor of the Health Science Center's Dental Tower, Room D2-52.

SHCC Billing Information

The Student Health Care Center's Dental Tower Clinic reviews risk assessment forms as well as provides medical services required for clearance to work with or in proximity to animals. This cost is borne by the employee's department.

The Student Health Care Center accepts Purchase Order Numbers and P-card numbers for payment. This information can be obtained from your department's fiscal expert. In cases where these are not payment options, contact the SHCC at (352) 392-0627 to discuss payment.

Fee Schedule as of August 2009 (Prices subject to change)

Risk Assessment-Initial	\$55	Tetanus (Tdap)	\$66	Rabies titer	\$78
Risk Assessment-Renewal	\$55	TB test (PPD)	\$25	Rabies series	\$233 x 3
Renewal within 1 year of original	\$33	Serum banking	\$32		

Respirator Clearance

In some cases of animal contact, the use of a HEPA/N95 respirator may be required or recommended. Before an N95 may be worn, the user must be medically cleared by the SHCC and fit tested by Environmental Health and Safety. Please contact EH&S at (352) 392-1591 for a fit test appointment. They are located in Building 104 on Newell Drive.

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 must have Supervisor fill in section below then you complete Pages 2 & 3, Medical 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/cattle 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 D2-52 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
Attach form: www.ehs.ufl.edu/occmcd/N95.pdf for next two	
<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: Health Questionnaire- Page 1
UNIVERSITY OF FLORIDA

Name _____ UFID _____

<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 symptoms or illnesses as a result of your exposure to animals? 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"/>

MORE ON NEXT PAGE

Animal Contact Medical Monitoring Program: Health Questionnaire- Page 2

15. Prior to your current job, have you been previously exposed to animals in any of the following settings?

	Mice/ Rats	Rabbits	Cats	Dogs	Guinea Pigs/ Hamsters	Other
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceutical Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Research Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vet School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vet Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pet Store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS **Yes** **No** **Don't Know** **NA**

16. If you were exposed to any lab animal, did you have any symptoms?
If yes, which animal? Yes No Don't Know NA

If yes, which symptom? Skin
 Nose/Eye
 Chest

17. If you were exposed to any animal, did you avoid or stop working with any animal because you thought you were allergic to it? Yes No Don't Know NA

18. Do you live with any indoor or outdoor pets? Yes No Don't Know NA
If yes, list _____

19. Do you have any symptoms when exposed to your pets? Yes No Don't Know NA
If yes, list _____

20. Do you wear a fit tested respirator (including N95) to perform any activities at work? Yes No Don't Know NA
If yes, date of last respirator training: _____
date of last supervised fit testing: _____

ADDITIONAL PERSONAL HEALTH CONCERNS **Yes** **No**

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)? Yes No

I have answered the questions on this form truthfully and to the best of my recollection.

Signature

Date

UFID Number