

Risk Assessment for Animal Contact

Animal Contact Medical Monitoring Program

Select

- ☐ Initial
☐ Renewal
☐ Change in Animal
☐ Program Removal

Please visit the [Animal Contact Program](#) website for detailed instructions on filling out this form.
 Personal medical health issues can **only** be discussed with **OCCMED CLINIC personnel** at (352) 294-5700.

Participant Name	UFID Number	Date of Birth	Male ☐	Female ☐
Participant ufl.edu Email	Position Title	Cell/Primary Phone Number		
Department/Division	Position Number	Work Phone		
Supervisor/PI Name	Supervisor Phone	Supervisor Email		

Has the [Payment Authorization Form](#) been submitted? ☐ Yes ☐ No (Direct and Indirect Contact must submit the form)
 Failure to submit the Payment Authorization form, if required, may delay processing.

Fiscal Contact Name: _____ Fiscal Contact Phone: _____ Fiscal Contact Email: _____

Choose **ONLY ONE** of the following:

- ☐ **No Animal Contact**
- Listed on a current IACUC project, but no animal contact or facility access.
 - Not listed on a project and will not enter any animal facility.
- If you choose "No Animal Contact" - Stop here, ensure signatures are signed at the bottom of all pages and then submit the form.*
- ☐ **Indirect Contact Only**
- Enter facilities or observe animals without touching them.
(e.g., inspector, maintenance, UPD, etc.)
 - Handle animal waste, tissues, or fluids -- but no live animals.
- ☐ **Direct Contact Only**
- Work directly with live animals.
(e.g., restrain, collect specimens, administer substances)

Briefly describe your contact with or exposure to animals:

If working with all of the animals listed below, select "ALL Animals".

Otherwise, select **each** animal that you may be in contact with or exposed to - not just the added or new types.

ALL Animals ☐ Live Animals ☐ Tissue/Body Fluids ONLY Bats ☐ Live Animals ☐ Tissue/Body Fluids ONLY Birds ☐ Live Animals ☐ Tissue/Body Fluids ONLY Cats ☐ Live Animals ☐ Tissue/Body Fluids ONLY Cattle ☐ Live Animals ☐ Tissue/Body Fluids ONLY Dogs ☐ Live Animals ☐ Tissue/Body Fluids ONLY Fish ☐ Live Animals ☐ Tissue/Body Fluids ONLY Horses ☐ Live Animals ☐ Tissue/Body Fluids ONLY	Non-Human Primates ☐ Live Animals ☐ Tissue/Body Fluids ONLY Pigs ☐ Live Animals ☐ Tissue/Body Fluids ONLY Rabbits ☐ Live Animals ☐ Tissue/Body Fluids ONLY Reptiles & Amphibians ☐ Live Animals ☐ Tissue/Body Fluids ONLY Rodents (Guinea pigs, hamsters, gerbils, mice, rats, etc.) ☐ Live Animals ☐ Tissue/Body Fluids ONLY ☐ Wild rodents or their tissue/body fluids Sheep/Goats ☐ Live Animals ☐ Tissue/Body Fluids ONLY ☐ Housed indoors for Biomedical Research (N95) Zoo/Exotic ☐ Live Animals ☐ Tissue/Body Fluids ONLY Must specify type/species:	Other ☐ Live Animals ☐ Tissue/Body Fluids ONLY ☐ Wild animals or their tissue/body fluids Must specify type/species: Describe your rabies risk level according to the CDC recommendations: ☐ No rabies risk ☐ Cat 2: Frequent contact w/bats and/or frequent necropsies w/potential rabies infected neural tissue ☐ Cat 3: >3 years of expected exposure to potentially rabid animals ☐ Cat 4: <= 3 years of expected exposure to potentially rabid animals
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 Supervisor Sign Here: _____ Date: _____
  Participant: _____ E-mail: _____

Participant Name: _____ UFID: _____ Phone: _____



Complete both pages of the Immunization/Screening History & Health Questionnaire

Immunization/Screening History - <i>Call the VETMED Clinic at 352-294-5700 to obtain any of these services.</i>	Date (MM/YY)
Tetanus Immunization. <i>Required of all, every 10 yrs. (MM/YY)</i>	
Rabies vaccines only required if possible contact with rabies infected mammals or their materials. <i>Include dates of past vaccines and/or titers. Include official records with form.</i>	
Tuberculosis screening. <i>Required annually for contact with nonhuman primates, elephants & rhinos. Include official records with form.</i>	
Q Fever Titer. <i>Required annually for contact with sheep and goats as specified by the Q Fever Policy.</i>	

1. Are you allergic to any animal(s)?	☐ Yes	☐ No	☐ Don't Know
If yes, list animals that cause your allergy symptoms:			
2. Do you have any other known allergies?	☐ Yes	☐ No	☐ Don't Know
If yes, what? List cause(s) of allergies:			
List symptoms that occur when you are suffering from your allergies:			
List any treatment that you received to relieve your allergies:			
3. Are you allergic or possibly allergic to the animals that you currently work with?	☐ Yes	☐ No	☐ Don't Know
If yes, have you been seen by a physician for this?			
4. Do you have asthma caused by or related to allergies?	☐ Yes	☐ No	☐ Don't Know
If yes, list cause(s) (if you do not know, write "unknown"):			
5. Do you have asthma related to the animals that you currently work with?	☐ Yes	☐ No	☐ Don't Know
If yes, have you been seen by a physician for this?			
6. Do you experience shortness of breath at work?	☐ Yes	☐ No	☐ Don't Know
If yes, explain:			
7. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes)	☐ Yes	☐ No	☐ Don't Know
If yes, describe:			
8. Do you have any chronic medical condition which might suppress your immune system (e.g. heart disease, lung disease, cancer, lupus, rheumatoid arthritis, multiple sclerosis, leukemia, lymphoma, diabetes, HIV/AIDS, tuberculosis, renal disease, splenectomy, alcoholism)?	☐ Yes	☐ No	☐ Don't Know
If yes, describe:			
9. Have you recently taken any medications, which might suppress your immune system? (e.g. prednisone, cortisone, chemotherapy, methotrexate, etc.)	☐ Yes	☐ No	☐ Don't Know
10. Do you take any medications (prescribed or over the counter) on a regular basis?	☐ Yes	☐ No	☐ Don't Know
If yes, list:			

Participant Name: _____ UFID: _____ Phone: _____
Health Questionnaire - continued

11. Do you wear a fit-tested respirator (including N95) to perform any work activities?						☐ Yes	☐ No	
If yes, date of last respirator training & date of last supervised fit-testing:								
12. 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	
13. Have you developed any new symptoms or illnesses from exposure to animals at work or home?						☐ Yes	☐ No	☐ Don't Know
If yes, describe:								
Initial: Skip Q.14 only			Renewals/Change in Animal: Answer Q. 14, Skip Q.15 and Q.16					
14. Have you developed any new medical problems since your last evaluation?						☐ Yes	☐ No	
If yes, describe:								
15. Prior to your current job, have you been previously exposed to animals in any of the following setting:						☐ Yes	☐ No	☐ Other
If yes, please indicate:	Mice or Rats	Rabbits	Cats	Dogs	Guinea Pigs or Hamsters	Other Explained		
University	☐	☐	☐	☐	☐			
Pharmaceutical Lab	☐	☐	☐	☐	☐			
Hospital	☐	☐	☐	☐	☐			
Research Lab	☐	☐	☐	☐	☐			
Veterinary School	☐	☐	☐	☐	☐			
Veterinary Clinic	☐	☐	☐	☐	☐			
Pet Store	☐	☐	☐	☐	☐			
16. If you were exposed to any lab animal, did you have any symptoms?						☐ Yes	☐ No	☐ Don't Know/NA
If yes, symptoms with which animal?								
☐	Skin							
☐	Nose/Eyes							
☐	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	



I, _____ *Participant's Name* affirm have answered the questions on this form truthfully and to the best of my recollection

Signature: _____ Date: _____

1. Save this completed .pdf file
2. [Click here to SUBMIT](#) OR email to OccMedClinic-RiskAssessment@ahc.ufl.edu

OCCMED CLINIC USE ONLY

☐ No Restrictions for Animal Contact Follow-Up Due: ☐ 1 year ☐ 3 Year ☐ Other _____

☐ Yes, Specific restrictions for Animal Contact. Restrictions are detailed below:
MD/ARNP/PA or other licensed healthcare professional:

Name: _____ Signature: _____ Date: _____