UF Environmental Health and Safety
UNIVERSITY of FLORIDA

# 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 ◯ Not Required *(Animal Contact Type 1 or 2 only - see below)*
*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 and submit 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:**

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**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

**Supervisor ACTION REQUIRED** Supervisor Sign Here: _____ Date: _____

**Supervisor SAVE & EMAIL TO:** Participant: _____ E-mail: _____

**Participant Name:** _____ **UFID:** _____ **Phone:** _____

Participant ACTION REQUIRED **Complete both pages of the Immunization/Screening History & Health Questionnaire**

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

| | | | |
|---|---|---|---|
| 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: | | | |



*continued on next page*

**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 ☐

| If yes, please indicate: | Mice or Rats | Rabbits | Cats | Dogs | Guinea Pigs or Hamsters | Other |
|---|---|---|---|---|---|---|
| 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 | |

**Participant ACTION REQUI**

**I,** _____ **affirm have answered the questions on this form**
*Participant's Name*
**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: _____



Revised 05/2025