### 

### 

*In accordance with the Institutional Animal Care and Use Committee (IACUC) and Occupational Health and Safety Program (OHSP).*

This form is used to provide information to potential animal users and their health care providers so they may consider and address health-related concerns.  For some positions, medical screening may be required.  For positions where screening is not required, the individual may still request screening.

The PI or supervisor completes Part A, which describes the species, the job responsibilities, and potential exposures for this individual.  Part B is completed by the individual and assists in considering health conditions that might warrant a discussion with a health care provider.  Part C is completed by the health care provider when required or requested.

***This form is to be re-submitted at any time there is a change to your health status and/or animal exposure(s).***

### **Part A**

***Please Note:*** *Part A is to be completed by the Animal Care Supervisor/PI/Faculty Supervisor (if applicable) or animal care provider.* ***PI’s must retain a copy of part A for their records****.*

|  |  |
| --- | --- |
| **Principal Investigator/Animal Care Supervisor:** |  |

**Animal Involvement**

|  |
| --- |
| Check the boxes below if the statement is applicable to this individual’s status in animal research and explain in the space provided (check all that apply). |
| This individual will not be directly contacting animals but will be working (e.g., cleaning or maintenance duties) in areas where animals are housed and may be in contact with animal blood or tissue. |
| Please Explain: |
| This individual will handle animals as part of a research/teaching assignment. |
| Please Explain: |
| This individual will be working in animal pathogens/disease areas (Biosafety Level 2). |
| Please Explain: |
| This individual will be involved with animal husbandry. |
| Please Explain: |
| This individual will be working with human specimens (cells, body fluids, etc., in conjunction with animal studies). |
| Please Explain: |
| This individual will work with animal carcasses, tissues, or specimens (not formalin-fixed or sterilized). |
| Please Explain: |
| This individual will handle animals as part of a volunteer service. |
| Please Explain: |
| None of the above. |
| Please Explain: |

**Animal Contact**

|  |
| --- |
| Which animals, tissues, and/or body fluids could this individual come in contact or be exposed to (living or deceased that are not formalin-fixed or sterilized)? (Check all that apply). |
| Indicate Estimated Contact Hours per Week per Species: |
| Domesticated (lab) small mammals: Mice Rats Rabbits Guinea Pigs Other  Specify: |
| Domesticated pets: Dogs Cats Other  Specify: |
| Wild rodents and small mammals  Specify: |
| Non-mammalian vertebrate animals: Reptiles Amphibians Birds Fish Other  Specify: |

**Biological & Physical Health Hazards**

|  |
| --- |
| 1. Will this individual be exposed to infectious agents/recombinant DNA?  Yes  No   If yes, specify: |
| 1. Will this individual be exposed to loud noises (e.g., housing areas for vocal species)?   Yes  No  If yes, specify: |
| 1. Will this individual be required to regularly lift > 40 lbs.?  Yes  No   If yes, specify: |

**Chemical and/or Radiological Health Hazards**

|  |
| --- |
| 1) Will this individual be exposed to ionizing radiation while conducting animal research?  Yes  No  If yes, specify: |
| 2) Will this individual be exposed to x ray or gamma ray radiation during animal research?  Yes  No  If yes, specify: |
| 3) Will this individual administer drugs of Physiological agents?  Yes  No  If yes, specify: |
| 4) Will this individual be using cell toxins in your animal research?  Yes  No  If yes, specify: |
|  |

**Personal Protective Equipment**

|  |
| --- |
| 1. When working with animals or animal materials/tissues will this individual need to wear the following (check all that apply)?   Gloves Goggles/glasses Gown Face shield  Tight- or loose-fitting air purifying respirator\*- specify type:  Filtering facepiece (e.g. N-95) \*-specify type:  Hearing Protection\* - specify type: |
| \*If this individual wears a respirator (half, full face or N95 mask) or hearing protection they must contact Environmental Health and Safety to determine specific requirements. |

**Protocol Risk Assessment Level**

**\*Individuals may request medical screening be performed.**

|  |
| --- |
| 1. What is the protocol risk assessment level?   Low (medical screening not required) \*  Medium (medical screening recommended) \*  High (medical screening required) |

### *Note: Medical clearance must be re-submitted when there is a change in health status or change in animal contact.*

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Care Supervisor/PI/Faculty Supervisor Signature |  | Date: |  |

**See Next Page for Part B of this Questionnaire.**

**Part B**

***Please Note:*** *The information in Part B is confidential and is completed by the* Animal Care Provider/ personnel working with animals. *It* *should only be shared with their Medical Provider when required or when you feel you need to be screened by a Medical Provider. For students, contact Student Health Services. For faculty or staff contact your personal Medical Provider.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: |  | Last Name: |  | First Name: |  | M.I. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ISU ID#: |  | Phone: |  | Email: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |  | City: |  | State: |  | Zip Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Role: | Student  Faculty  Staff | University Volunteer: | Yes  No |
| Have you received prior medical clearance from the IACUC OHSP?  Yes  No | | | | |

|  |
| --- |
| Is this a resubmission for an existing animal research project due to changes in your health status and/or animal exposure(s)? ☐ Yes ☐ No |

**Immunization & Infectious Disease History**

You must provide the most recent year for immunization and titers. Also, you must provide proof of previous rabies series and/or titers.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever had, or do you now have any of the following immunizations or diseases? If yes, you must provide a date. *Incomplete forms will be returned.* | | | |
| Disease Type | I have immunization(s) for …. | Last Year Immunized | I have had the following disease … |
| Flu | Yes  No | Year: |  |
| Tetanus | Yes  No | Year: | Yes  No If yes, year: |
| Rabies (Series of 3) | Yes  No | Year: | Yes  No If yes, year: |
| Rabies Titer | Yes  No | Year: | Yes  No If yes, year: |
| 1. Have you ever received a rabies vaccination after a rabies exposure or suspected rabies exposure?  Yes  No | | | |
| 1. Have you ever been diagnosed with an infectious, viral, bacterial or parasitic illness that had been confirmed to have come from an animal and was associated with your research/studies/work at ISU or elsewhere?  Yes  No   If yes, please explain: | | | |
| 1. Have you ever suspected that you have acquired an illness from an animal, animal materials/tissue at ISU or elsewhere, but were unable to confirm this?  Yes  No   If yes, please explain: | | | |

**Medical History**

|  |  |  |
| --- | --- | --- |
| 1. Do you have any ongoing medical problems?  Yes  No   If yes, please explain **and/or** select from below: | | |
| Heart Disease | Rheumatic Fever | Heart Murmur/ Valve Disease |
| Diabetes | Kidney Disease | Liver Disease |
| Cancer | Gastrointestinal Disorder | Loss of Consciousness |
| Seizures | Arthritis | Chronic Back or Joint Pain |
| Cystic Fibrosis | Emphysema/Chronic Lung Condition | Trouble Smelling Odors |
| Visual Problems | Hearing Problems | History of Injuries |
| Allergic Reaction Impacting Breathing | Other - Please explain: | |
| 1. Have you been told by a physician that you have an immune compromising medical condition or are you taking medications that impair your immune system (steroids, immunosuppressive drugs, or chemotherapy)?  Yes  No   If yes, please explain: | | | |
| 1. Are you currently taking any other medication(s)?  Yes  No   If yes, please list medication(s): | | | |

**Allergies & Asthma**

|  |
| --- |
| 1. Are you allergic to any animal(s)?  Yes  No   If yes, list the animal(s) that cause your allergy symptoms: |
| 1. Do you have any other known allergies?  Yes  No   If yes, please explain: |
| 1. List the symptoms that occur when you are suffering from your allergies: |
| 1. List the treatment that you receive to relieve your allergies: |
| 1. Have you been treated for asthma?  Yes  No   If yes, please list the following:  The cause(s) of your asthma:  The number of asthma attacks per month:  The medication you take for your asthma: |
| 1. Do you have skin problems (e.g. reactions to latex gloves, dry cracked skin, rashes)?   Yes  No  If yes, please explain: |
| 1. Do you experience shortness of breath?  Yes  No   If yes, please explain: |
| 1. Is there family history of hay fever, asthma, allergic skin problems or eczema?  Yes  No   If yes, please explain: |
| 1. Outside of your research, do you have any exposure to animals?  Yes  No   If yes, please specify: |
| 1. Please use this space to explain or make additional comments: |

**Reproduction**

|  |
| --- |
| 1. Are you or anyone in your family pregnant, suspect you are pregnant or contemplating pregnancy?  Yes  No |
| 1. Do you have questions concerning pregnancy that you would like to discuss with your obstetrician?  Yes  No |

**Additional Questions and Concerns**

|  |
| --- |
| 1. Do you have any questions and/or do you wish to talk to a medical provider concerning laboratory/client animal hazards?  Yes\*  No |

\*If you have concerns make an appointment to share and discuss this questionnaire with your medical provider.

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Care Provider/ personnel working with animals Signature |  | Date: |  |

### **Occupational Health & Safety Screening Questionnaire: Part C next page**

**Part C**

***ISU Institutional Animal Care and Use Committee***

***Healthcare Provider Clearance Form***

\*\*\*This form is to be completed by a Healthcare Provider\*\*\*

Name of Individual

Name of Healthcare Provider:

I, a medical professional, have reviewed the Health Surveillance and Medical Questionnaire from the IACUC Occupational Health and Safety Program (OHSP) for vertebrate animal exposure for the individual listed above and determined the following:

Individual is cleared to work with the following animals.

Recommend airborne allergen mitigation:  Filtered Manipulation Table  PPE  N95 Respirator

Recommend specific training

Recommend Vaccinations

Recommend booster (list type and date needed):

Requests EHS to contact regarding pregnancy

Other

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cleared:  Yes  No  Conditional: explain in comments

|  |  |
| --- | --- |
| Comments: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Provider Signature(s) |  | Date: |  |

Print Name and contact information:

Please forward **ONLY** this page back to the Office of Research Ethics and Compliance at Illinois State University.