

**Risk Assessment for Animal Contact**

**Enrollment Form**

Completion of the *Risk Assessment for Animal Contact Enrollment Form* and an *Occupational* *Health Statement* is required for all individuals working with animals at Texas Tech University Health Sciences Center. This work-related information will be evaluated by the TTUHSC Occupational Health Nurse, who will determine the necessary recommendations.

General Health Information: You and Your Work Environment

1. TTUHSC *Risk Assessment for Animal Contact Enrollment Form* covers faculty, staff, students and volunteers who have direct exposure to vertebrate animals and, in some cases, animal tissue, body fluids or waste. The program requirements are based on the type and frequency of exposure to animals.
2. The Occupational Health & Safety Program for personnel with laboratory animal contact administers health risks and medical requirements.
3. The following items are recommended:
	1. Respirator fit testing—all individuals in contact with pregnant goats and sheep (Provided by Safety Services).
	2. Rabies immunization/titer within 2 years—all individuals in contact with wildlife / field studies with known carrier species.
	3. Tetanus immunization within 10 years—all individuals having recurrent animal contact.
	4. TB screening bi-annually (every 6 months)—in contact with non-human primates.
4. If you are immune-compromised due to treatment of certain diseases, (e.g. cancer, lupus, rheumatoid arthritis, asthma, or as a result of chronic viral illness), special consideration may need to be made for your safety. You are encouraged to confidentially discuss your condition with the Occupational Health Nurse and Physician or your personal care physician.
5. **Female Personnel**: If you are pregnant or become pregnant while at TTUHSC, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, radiation, or chemical agents. Contact the Occupational Health Nurse for further information.
6. Medical information entered on this *Risk Assessment for Animal Contact* is confidential and kept only at the TTUHSC Office of Institutional Health.

Routing of the *Risk Assessment* *for Animal Contact* and *Occupational Health Statement*:

These forms should be completed at the time a department fills a vacant position, or submits a research proposal, with personnel that will have contact with animals.

1. **Contact the OHSP nurse for an appointment at 806.743.6633 or** **amber.d.garcia@ttuhsc.edu****.**

2. Complete this *Risk Assessment for Animal Contact Enrollment Form* and sign the *Occ* *Health Statement*.

3. Provide this **completed and signed** *Enrollment Form* and *Occupational Health Statement* to the nurse in person at the Office of Institutional Health - Room #1A150 or by email to amber.d.garcia@ttuhsc.edu.

4. The Occupational Health Nurse will review the information, and the Enrollment Form must be signed.

# Texas Tech University Health Sciences Center

**RISK ASSESSMENT FOR ANIMAL CONTACT ENROLLMENT FORM**

Medical History for Research Animal Workers

**Occupational Health Statement**

*Confidentiality Notice:*

*The information contained in Occupational Health Records / Files is confidential under applicable state and federal laws and regulations.*

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | Sex  |
|  |  | 🞏Male🞏Female |
| Email | Position / Title | R# |
|  |  |  |
| Phone(s) | Department |
|  |  |
| Supervisor / PI | Supervisor’s Phone | Supervisor’s Email |
|  |  |  |

Describe your position as it involves your potential exposure to animals:

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**Animal / Tissue Use** Check all boxes that apply if statement is applicable to your status:

I am not handling animals but will be working in areas of the animal facility where animals are housed.

I am involved with veterinary care, animal husbandry or have otherwise direct contact with research animals. I am no longer active on an approved animal use protocol and will not be working in the animal facility.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Animal / Tissue / Body Fluid Exposure**Check all that apply |  | **Immunization /** **Screening History** | **Date** |  |
|  | Mice / Rats |  | Tetanus booster (every 10 years or 5 years if exposed) |  | **Occupational Health Immunizations are available.** **Call to make an appointment.****All Campuses** Abilene, Amarillo & Lubbock**(806) 743-6633** |
|  | Guinea pigs | Rabies immunization (in contact with unvaccinated species) |  |
|  | Rabbits | MMR immunization / History |  |
|  | Dogs | Varicella Immunization / History |  |
|  | Cats | Tuberculosis screening(bi-annually in contact with non-human primates) |  |
|  | Sheep / Goats |
|  | Non-human primates | Baseline serum testing |  |
|  | Birds housed outdoors or from the wild | Hepatitis B Series / Titer |  |
|  | Unvaccinated species | Other: |  |
|  | Other: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Initial & Annual Follow-up Information** |  | **Yes** |  | **No** |  | **Unknown** |
| 1. | Does the work involve human or animal pathogens? If so, which pathogens? | 🞏 | 🞏 | 🞏 |

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| 2. | Does the work involve contact with non-human primates?If so, have you ever been diagnosed with TB? |  | 🞏 |  | 🞏 |  | 🞏 |

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| 3. | Is there a history of a positive tuberculosis test?If so, when? |  | 🞏 |  | 🞏 |  | 🞏 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 4. | Has the Bacille Calmette Guerin (BCG) vaccination been given?If so, when? |  | 🞏 |  | 🞏 |  | 🞏 |

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| 5. | Have you received immunosuppressive therapy that could increase the risk of zoonotic disease? |  | 🞏 |  | 🞏 |  | 🞏 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 6. | Is there a history of asthma, hay fever, allergic skin problems, eczema, sinusitis, chronic respiratory infections or disease? **Note**: A history of the same among blood relatives would be important to establish. |  | 🞏 |  | 🞏 |  | 🞏 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 7. | Do any allergic symptoms occur during, or after, contact with a laboratory animal species (sneezing spells, runny or stuffy nose, watery or “itchy” eyes, coughing, wheezing, or shortness of breath, skin rashes or hives, difficulty swallowing)? If so, which species is involved, and how frequently does each symptom occur (monthly, weekly, daily)? |  | 🞏 |  | 🞏 |  | 🞏 |
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*Note the immunization and testing history to include the date, side effect(s), or other relevant information for each of the following: tetanus, rabies (initial and booster, immune globulin), hepatitis B, tuberculin (including chest radiograph for known reactors), and other immunizations or tests as would be appropriate for the employee’s work.*

## Additional Personal Health Concerns

Do you have any health or workplace concerns not covered in this enrollment form that you feel may affect your occupational health, and would like to confidentially discuss with the Office of Institutional Health (e.g., questions regarding immunity or medical conditions)?

***Yes / No***

*I have answered the items on this enrollment form and health statement truthfully and to the best of my recollection.*

Signature Date