Risk Assessment Health Questionnaire for Animal Contact

Completion of the Risk Assessment Health Questionnaire for Animal Contact 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 Health Questionnaire for Animal Contact 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:
   a. Respirator fit testing—all individuals in contact with pregnant goats and sheep (Provided by Safety Services).
   b. Rabies immunization/titer within 2 years—all individuals in contact with wildlife/field studies with known carrier species.
   c. Tetanus immunization within 10 years—all individuals having recurrent animal contact.
   d. 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 Health Questionnaire for Animal Contact is confidential and kept only at the TTUHSC Office of Institutional Health.

Routing of the Risk Assessment Health Questionnaire 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. Complete and sign the Risk Assessment Health Questionnaire for Animal Contact.

2. **Contact the OHS nurse to make an appointment. Take this completed Questionnaire and Statement.**
   Amber Garcia  amber.d.garcia@ttuhsc.edu  (806)743-6633  Room 1A150

3. The Occupational Health Nurse will review the information. The enrollment form must be signed.
Texas Tech University Health Sciences Center
RISK ASSESSMENT HEALTH QUESTIONNAIRE FOR ANIMAL CONTACT
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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date of Birth</th>
<th>Sex (circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>R#</td>
<td>Title</td>
<td>Work Phone</td>
<td>Male</td>
</tr>
<tr>
<td>Department</td>
<td>Mail Stop</td>
<td>Email</td>
<td>Female</td>
</tr>
<tr>
<td>Supervisor / PI</td>
<td>Supervisor's Phone</td>
<td>Supervisor's Mail Stop</td>
<td></td>
</tr>
</tbody>
</table>

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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.

<table>
<thead>
<tr>
<th>Animal / Tissue / Body Fluid Exposure</th>
<th>Immunization / Screening History</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mice / Rats</td>
<td>Tetanus booster (every 10 years or 5 years if exposed)</td>
<td></td>
</tr>
<tr>
<td>Guinea pigs</td>
<td>Rabies immunization (in contact with unvaccinated species)</td>
<td></td>
</tr>
<tr>
<td>Rabbits</td>
<td>MMR immunization / History</td>
<td></td>
</tr>
<tr>
<td>Dogs</td>
<td>Varicella Immunization / History</td>
<td></td>
</tr>
<tr>
<td>Cats</td>
<td>Tuberculosis screening (bi-annually in contact with non-human primates)</td>
<td></td>
</tr>
<tr>
<td>Sheep / Goats</td>
<td>Baseline serum testing</td>
<td></td>
</tr>
<tr>
<td>Non-human primates</td>
<td>Hepatitis B Series / Titer</td>
<td></td>
</tr>
<tr>
<td>Birds housed outdoors or from the wild</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

Occupational Health Immunizations are available.
Call to make an appointment.

All Campuses
Abilene, Amarillo & Lubbock
(806) 743-6633
Initial & Annual Follow-up Questionnaire

1. Does the employee's work involve human or animal pathogens?
   If so, which pathogens?

2. Does the employee's work involve contact with non-human primates?
   If so, has the employee ever been diagnosed with TB?

3. Has Bacille Calmette Guerin (BCG) vaccination been given?
   If so, when?

4. Is there a history of a positive tuberculosis test?
   If so, when? _____________________________

5. Has the employee received immunosuppressive therapy that could increase the risk of zoonotic disease?

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.

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 by the questionnaire that you feel may affect your occupational health, and would like to confidentially discuss with the Occupational Health Office (e.g., questions regarding immunity or medical conditions)?

**Yes / No**

_I have answered the questions on this enrollment form truthfully and to the best of my recollection._

Signature _____________________________  Date _____________________________