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| MQ# _____ For EHS Use Only |
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Medical History & Risk Assessment Survey Questionnaire for Animal Handlers

Information provided in this questionnaire is considered part of your medical record, and is therefore CONFIDENTIAL. Completion of this questionnaire is required for all animal handlers working at Radford University with vertebrate animals. If you have any questions while completing this form, please call the Environmental Health and Safety (EHS) Office at 540-831-7790 or contact EHS at ehs@radford.edu. **Please provide ALL information requested; questionnaires missing required information may be returned.** (Throughout this form, the term “animal” refers to vertebrate animals.)

Part I—Sections A-C are to be completed by Supervisor/Principal Investigator (PI); **section D** by employee. Supervisor/PI only needs to complete this form one time for each individual under their supervision unless one or more of the following has changed: the duration of animal contact, the type of activity, and/or the type of animal. A Supervisor/PI should complete this form for him/herself.

Part II—Sections A-D are confidential and are to be completed by employee. All information must be completed and returned to the University contract medical provider (a pre-addressed envelope will be provided).

Information in Parts I and II may be forwarded to different groups, so participant information is needed twice.

Part I: Animal Contact Review Questionnaire

| Section A: Participant Information | |
|---|------------|
| Participant Name: | Date: |
| University ID: | Job Title: |
| Participant campus e-mail address: | |
| Department: | |
| Protocol/Program name: | |
| PI name and phone#: | |
| PI e-mail address: | |
| Supervisor name (if different) and phone#: | |
| Supervisor e-mail address: | |
| Section B: Must be completed by Supervisor/PI of Participant | |
| 1. Species Contact. Directions: Identify the level of exposure for each species for the participant named above and checkmark the appropriate box. | |
| <input type="checkbox"/> Participant work will NOT include exposure to animals, unfixed tissues, cells, or body fluids. | |
| <input type="checkbox"/> Participant work includes the following: <i>(check all that apply)</i> | |
| <input type="checkbox"/> Direct contact with animals used in research or teaching | |
| <input type="checkbox"/> Work in the same room as animals but without direct animal handling or contact | |
| <input type="checkbox"/> Work with <i>unfixed tissues, cells, or body fluids</i> in research or teaching | |
| <input type="checkbox"/> <i>Providing routine care for animals</i> used in research or teaching | |
| <input type="checkbox"/> Ongoing <i>field study</i> with _____ (<i>species</i>) in _____ (<i>location, Country</i>) | |
| Please review the list of species on the following page and place a check next to any species that participant may have exposure to. | |

| Species | Participant Works With Animal (✓) | Species | Participant Works With Animal (✓) |
|---------------|-----------------------------------|---------------|-----------------------------------|
| Amphibian | | Hamster | |
| Bat | | Marine Mammal | |
| Birds/Poultry | | Mice | |
| Cat | | Horse | |
| Cattle | | Primates | |
| Camelid | | Rabbit | |
| Dog | | Rat | |
| Fish | | Reptile | |
| Gerbil | | Sheep | |
| Guinea Pig | | Swine | |
| Goat | | Other: | |

2. Education: List a basic outline of material covered in training and briefly describe training provided (e.g., discussion, presentation, reading). Training topic should include personal hygiene, zoonotic agents, animal-related illness/injury procedures, and procedures for handling animals. Also list specific zoonotic agents discussed:

- Animal –related illness/injury discussed Yes No
- Personal hygiene discussed Yes No
- Allergies and diseases communicable from animals discussed Yes No

3. Participant Work also includes exposure to (check all that apply):

| Hazard | ✓ | Identify Specific Agent |
|---|---|-------------------------|
| Chemical Agents | | |
| Infectious Agents | | |
| Bloodborne pathogens: Human tissues, cells, blood or other potentially infectious material | | |
| Recombinant or synthetic nucleic acid molecules (r/sNA) (regardless of origin) and r/sNA-containing organisms or cell cultures including creation or use of transgenic plants and animals | | |
| Select agents and toxins | | |
| Any material requiring a CDC import license or a USDA permit | | |
| Zoonotic Agents | | |
| Controlled Substances | | |
| Anesthetic Gases | | |
| Radiation/Radioisotopes | | |
| Lasers | | |
| Loud noise: _____ hours per day, _____ days per week | | |

Other occupational hazards: Please describe and list any exposures of concern:

Specific training for all items identified in this section has been completed. Yes No

SECTION C: Supervisor/PI Certification

By signature, I certify that the information provided is accurate, that I have provided the participant named in Section A with a copy of the Radford University Animal Contact Occupational Health and Safety Program, and that I have provided necessary training on the items detailed in that policy and as specified on this form. I have provided the appropriate personal protective equipment to the participant. The participant has read the relevant species-specific guides.

Printed Supervisor Name: _____

Signature: _____

Date: _____

SECTION D: Participant Certification

By signature, I certify that I have received the training documented on this form, and have reviewed training materials as provided by my Supervisor/PI. I have received the appropriate personal protective equipment, and have reviewed the Radford University Animal Contact Occupational Health and Safety Program.

Printed Participant Name: _____

Signature: _____

Date: _____

SUPERVISOR/PI STOP HERE; EMPLOYEE FILLS OUT PART II.

Part II: Initial Health Surveillance Questionnaire

Information in this part is confidential and should be completed by employee / student only.

You are being asked to complete this questionnaire to help evaluate risks to your health from exposure during animal and/or wildlife research activities. After reviewing your responses to this questionnaire, you may be contacted to discuss further medical evaluation and diagnostic procedures.

| Section A: Participant Information | | | |
|--|---|---|----------------------------------|
| Participant name | | | |
| Work address: | | | Date: |
| Employee/Student ID: | | Date of Birth: | |
| | | M | F |
| Work phone: | | Campus e-mail address: | |
| Participants status (Check all that apply): | Faculty <input type="checkbox"/> | Graduate Assistant <input type="checkbox"/> | Student <input type="checkbox"/> |
| | Staff <input type="checkbox"/> | Work Study Student <input type="checkbox"/> | Other: _____ |
| Section B: Animal Handling Risks | | | |
| Category 1 <input type="checkbox"/> | <p><i>Animals in this category may include:</i> Fish, reptiles or amphibians.</p> <p><i>Associated risks:</i> Potential for cuts, bites and scratches from the animal or trapping/housing apparatus, zoonotic diseases (e.g., <i>Salmonella</i> spp.)</p> <p><i>Medical requirements:</i> Up-to-date tetanus immunization. (To be valid, tetanus immunization must have been received within 10 years*.)</p> <p>Date of your last tetanus vaccine (MM/DD/YY): _____</p> | | |
| Category 2 <input type="checkbox"/> | <p><i>Animals in this category may include:</i> Laboratory animals (e.g., rats, mice, guinea pigs, hamsters, gerbils, other rodents, rabbits), or domestic birds.</p> <p><i>Associated risks:</i> Some potential for risk of injury from bites and scratches, zoonotic diseases (e.g., <i>Salmonella</i> spp.), allergies.</p> <p><i>Medical requirements:</i> History and physical exam, allergy evaluation and education, up-to-date tetanus immunization. (To be valid, history and physical exam must have been conducted within 5 years, and tetanus immunization must have been received within 10 years*.)</p> <p>Date of your last physical exam (MM/DD/YY): _____</p> <p>Name, phone number, and address of your healthcare provider: _____</p> <p>_____</p> <p>Date of your last tetanus vaccine (MM/DD/YY): _____</p> | | |
| Category 3 <input type="checkbox"/> | <p><i>Animals in this category may include:</i> Bats, sheep, cattle, horses, goats, other farm animals, deer, wild rabbits, wild rodents, wild birds, feral animals as well as unvaccinated dogs and cats.</p> <p><i>Associated risks:</i> Significant potential for injury from bites and scratches, kicks and crushing, zoonotic diseases, (e.g., <i>Cryptosporidium</i> spp., <i>Histoplasma</i> spp., Influenza virus, Rabies virus, <i>Salmonella</i> spp., <i>Toxoplasma</i> spp.), and allergies.</p> <p><i>Medical requirements:</i> History and physical exam, up-to-date tetanus immunization.** (To be valid, history and physical exam must have been conducted within 5 years, and tetanus immunization must have been received within 10 years*.)</p> <p>What is your risk of exposure to rabies? <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High</p> <p>Date of your last physical exam (MM/DD/YY): _____</p> <p>Name, phone number, and address of your healthcare provider: _____</p> <p>_____</p> | | |

Date of your last tetanus vaccine (MM/DD/YY): _____

Completion of rabies series (if appropriate) (MM/DD/YY): _____

(**It is strongly recommended that all persons having contact with live raccoons, skunks, bats, fox or those animals' tissues in an unfixed state undergo the rabies vaccination process. This is based on the local statistics, which reveals these species to be the most likely to carry the rabies virus.)

* Available from either a Primary Care Physician (PCP) or other PLHCP (charges for these services are currently the responsibility for each faculty, staff, or student involved with working with vertebrate animals; a department may choose to cover such costs through its own administrative procedures).

Section C: Medical History

Immunizations

Have you ever had any of the following immunizations?

| | | | | |
|---------------------------|------------------------------|-----------------------------|-------------------------------------|----------------------------|
| Tetanus: | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> | Year(most recent) _____ |
| Hepatitis B (series of 3) | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> | #1 _____ #2 _____ #3 _____ |
| Hepatitis B Titer | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> | Year(most recent) _____ |
| Rabies (series of 3) | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> | #1 _____ #2 _____ #3 _____ |
| Rabies Titer | yes <input type="checkbox"/> | no <input type="checkbox"/> | Don't know <input type="checkbox"/> | Year(most recent) _____ |

| Personal Health | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever contracted an illness from animals, or experienced an animal related injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain: | | |
| Illness/injury symptoms well managed in work environment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, please explain: | | |
| 2. Do you have any medical conditions (or take any medication) that might suppress your immune system? This includes recent treatment (within 6 months) with chemotherapy or radiotherapy or high-dose steroids, cancer, rheumatoid arthritis or other autoimmune disorder, and even pregnancy. | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please explain | | |
| 3. Are you currently taking any medications? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please list | | |
| 4. For women: Because some animal-borne infections can affect fetal outcome, are you pregnant, or planning to become pregnant in the next year? I choose not to answer <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Environmental Allergies/Asthma | Yes | No |
| 1. Are you allergic to any animal(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please list animals: | | |
| 2. Do you have any other known allergies?(e.g., Latex, animal feed, or substances/chemicals used) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. List symptoms that occur when you are suffering from your allergies: | | |
| Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A | | |
| 4. List treatment that you receive to relieve your allergies: | | |
| 5. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please list cause(s) of asthma (if you do not know, write unknown): | | |
| 6. Do you have allergy symptoms or asthma specifically related to animals that you currently work with? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please list symptoms: | | |
| Severity of Symptoms: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> N/A | | |

7. Do you experience any of the following when you work with/are exposed to animals? **Check all that apply:**

| | | |
|--|--|--|
| <input type="checkbox"/> Watery, burning, itchy eyes | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Chest Tightness |
| <input type="checkbox"/> Nasal dripping | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Coughing | <input type="checkbox"/> Hives |

Do any of the above symptoms interfere with your ability to work with animals? Yes No

If **yes**, please explain:

Environmental Allergies/Asthma Continued

8. Do you have any skin problems related to work? Yes No

If **yes**, please describe:

9. Do you experience shortness of breath at work? Yes No

If **yes**, please explain:

10. Do you wear a respirator/mask to perform any activities at work? Yes No

If yes, what kind?

Were you fit tested by EHS staff? Yes No

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 campus medical provider or your personal care physician? Yes No

If **yes**, please explain:

Section D: Signature of participant in program (Complete section A, B, C, D)

The above information is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be released without my knowledge and written permission.

Print Name of Participant

Signature of Participant

Date

Thank you for completing this questionnaire. Please send to EHS by one of the following methods:

Via email as an attachment (in PDF format) to: ehs@radford.edu

Or

Mail in an envelope to: Environmental Health and Safety/Radford University / PO Box 6909 / Radford, VA 24142

[For Occupational Health Medical Provider Use ONLY]

Recommendations:

| | |
|--------------------------|--|
| <input type="checkbox"/> | The participant's information contained within this Medical History and Risk Questionnaire has been evaluated by an occupational health provider. The participant is medically cleared to begin working with animals based on the review. Should the participant have any questions regarding their evaluation, please contact the provider at the number identified below. |
| <input type="checkbox"/> | The participant's information contained within this Medical History and Risk Questionnaire has been evaluated by an occupational health provider. It has been determined that additional follow-up with the participant is required before the individual can begin working with animals. Please contact the provider at the number identified below to schedule a consultation. |

| | | |
|---------------------------|-------------|---------------------|
| Provider Signature: _____ | Date: _____ | Phone Number: _____ |
|---------------------------|-------------|---------------------|