## Southern Oregon University

**Occupational Health and Safety Program for Animal Handlers Personnel Forms**

Completion of these forms is required as part of the Occupational Health and Safety Program at SOU for persons listed on any Institutional Animal Care and Use Committee (IACUC) Protocol who have contact with animals used for research, teaching, or testing.

The Principal Investigator is responsible for insuring that each individual at risk under his/her oversight completes the attached forms, including the PIs themselves.

|  |  |
| --- | --- |
| **Form A**  **Personal Profile and Declination form** | Two page form to be completed by all individuals listed on any IACUC protocol or those with significant animal contact. Page 2 is for declining any services as allowed by the program. The completed original form with signature is to be sent to EH&S. **Annual updates are required**. |
| **Form B**  **Confidential Personal Health History Form** | This form must be completed unless participation is declined (Form A).  Employees: All employees (non-student) who choose to fill out this form should send it to EH&S, Attn: Occ Med Review and mark as “confidential”. The forms will be forwarded for Occupational Health review with supporting documentation.  Students: When used, send this form directly to SHS (Attn: Animal Handler Review). The physicians will use the information from these forms as a basis for determining any necessary treatments and/or health counseling.  Form B should be updated if you have any significant health changes to report. |
| **Form C**  **Personal Profile for Non- University Affiliates** | This form must be completed by any non-university affiliated volunteer with animal contact. The original form is to be sent to EH&S. |
| **Form D**  **Animal Area Access for Non- Animal Users** | This form is for university personnel (such as maintenance staff) or sanctioned visitors who require access to animal areas but will have no animal contact. This form is not for personnel named on approved animal protocols. Form D is to provide informed consent to personnel who must access animal areas but have no animal contact. The original Form D is to be sent to EH&S. |
| **Form E**  **Personal Profile for Independent Study Students** | This form is for university students who are not covered by the animal handler program but are taking an independent class with minimal oversite. Use this form when students will be working with animals or animal tissue as part of an independent study. Student and Instructor must sign off on form |

**Forms A, C, D and E: return original to EH&S Form B:**

**Employees return original to EH&S, attn: Occ Med Review and mark “Confidential” Students/student employees return**

**original to SOU Student Health Services.**

Occupational Health & Safety Program for Animal Handlers 1

Last reviewed 7/2018

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**Southern Oregon University Occupational Health and Safety**F**P**O**ro**R**g**M**ram**A**for**

**Animal Handlers - Personal Profile**

Page 1 of 2

Completion of Form A is **required** as part of the Occupational Health and Safety Program at SOU for persons who have contact with animals used for research, teaching, or testing. Visitors with animal contact for research including visiting scientists or non-SOU students should fill out Form C

Faculty Staff Student Other (specify)

Date

Employee ID # or Net I.D. P.I. Name

Name

Work Phone

(First) (Middle) (Last)

Dept. Unit Email

**ANIMAL ALLERGY CONCERNS (PLEASE CHECK ONE) –**

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Contact Profile –**  **check species worked with here at SOU** | | | |
| Rodents |  | Sheep/goats\* |  |
| Rabbits |  | Cattle |  |
| Cats |  | Pigs |  |
| Reptiles |  | Horses |  |
| Fish/amphibians |  | Poultry/birds |  |
| Wildlife (specify) |  |  | |
| Other (specify, e.g., necropsy only, observation only) | | | |

**I would like to discuss animal allergies with a physician.**

**I currently have no animal allergy concerns or concerns have been addressed.**

**RESPIRATOR USE (confer with your supervisor):**

**I will not require a respirator.**

**I will require the use of a respirator.**

**I will use a respirator for voluntary reasons.**

**I do not know at this time.**

(See University respirator policy here:

https://inside.sou.edu/assets/ehs/Respiratory\_Protection.docx)

**VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Mo/Yr** | **Don’t Know** | **Vaccination Requested** | **Serology Requested** | **Decline**  **(complete pg 2)** |
| Tetanus Toxoid (needed every 10 yrs) |  |  |  |  |  |
| Rabies immunization/serology  (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.) |  |  |  |  |  |

Medical surveillance is offered to all University of Connecticut personnel who handle animals covered by this program. To be included in this surveillance, fill out Form B – Confidential Personal Health History. This surveillance is optional but can include allergy consultation as well as treatment for zoonotic diseases and other animal-related injuries. If you do not wish to fill out Form B, complete page 2 of this form. **\*Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have read the Occupational Health and Safety Program for Animal Handlers document. I do not [have any malady that would be deleterious to the](https://ehs.uconn.edu/biological-health-and-safety/) laboratory animals. I understand that it is my responsibility to return a completed copy of Form A to: EH&S, prior to beginning any work with animals.

###### (Employee's signature) (Date)

**Forms A and C: return original to EH&S,**

FORM A

Page 2 of 2

## Southern Oregon University Occupational Health and Safety Program for Animal Handlers - Personal Profile

**Declination Page**

***Directions:*** *Use this page when the designated employee elects NOT to be vaccinated and/or declines medical surveillance/screening services offered free of charge as part of the Southern Oregon University Occupational Health and Safety Program for*

*Animal Handlers. Maintain this form in the Environmental Health and Safety employee file.*

1. **Vaccination Declined**

I decline the following vaccinations (initial box): Tetanus Other (specify)

I understand that due to my occupational exposure to animals used for research, teaching or testing, I may be at risk of acquiring disease. I have been given the opportunity to be vaccinated, at no charge to me. However, I decline the vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring serious or fatal disease. If, in the future, I want to be vaccinated, I can receive the vaccination(s) at no charge to me.

1. **Occupational Health Program Medical Services Declined**

I decline the medical surveillance/screening services (Form B) offered as part of the Southern Oregon University Occupational Health and Safety Program for Animal Handlers. (initial box):

I have been informed that due to the nature of my occupational exposure to animals, I may be at risk of acquiring a zoonotic, allergic or animal-related disease. The University of Connecticut has established a medical surveillance program for early detection, diagnosis and treatment of animal-related illnesses. I understand that the records from the program are confidential and that all expenses are paid by the University at no cost to myself. However, at this time, I choose to DECLINE the medical surveillance/screening services offered as part of the Southern Oregon University Occupational Health and Safety Program for Animal Handlers. I am aware that I continue to be at risk of acquiring an animal-related illness. If in the future I continue to have occupational exposure to animals while employed at the University and I elect to actively participate in the University's medical surveillance/screening program, I may do so at no charge to me. I therefore decline at this time to complete Form B.

(Employee's signature) (Date)

Employee ID # or Net I.D. (Printed name – First, Last)

Dept Unit

P.I. Name

# FORM B

#### Page 1 of 2

**CONFIDENTIAL PERSONAL HEALTH HISTORY**

Work and Medical History Form

###### Southern Oregon University

Faculty Staff Student Other (specify)

Name: Date:

Date of Birth:

Address:

Net ID or Employee #: Telephone #: \_( \_) Sex M F

Job Title: Department: Unit

Starting Date/Years in Position

Describe Duties:

Will you be, or are you exposed to any known hazard (e.g., toxic chemicals, asbestos, heavy lifting, etc)? What type(s)?

Do you have any work related health concerns?

**WORK AND EXPOSURE HISTORY:** Briefly describe previous jobs, titles, duties, and dates:

Start Date End Date Employer Job Title/Duties Exposure

Have you ever had a work related injury, changed jobs, assignments or lost work time because of an injury or other health problem(s); received Worker’s Compensation, or disability insurance? Please describe:

Have you ever been directly exposed (touching, breathing, etc.) to any of the following? Please check all the appropriate boxes. Indicate in the comment section below if this was at work, home, doing a hobby or a part time job.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Acids | Asbestos | Formaldehyde (Formalin) | Mercury | Phenol |
| Ammonia | Carbon Tetrachloride | Gluteraldehyde | Noise (loud) | Radiation |
| Anesthetic Agents | Carcinogens | Ketones | Organic Solvents | Radionuclides |
| Antineoplastic Drugs | Ethylene Oxide | Lead | Pesticides | X-rays |

Other: Comments: Are there any other hazards which you are exposed to at home or doing hobbies or current part-time jobs? Please list: Have you ever changed your residence or home because of health problems? Describe.

Do you live very near an industrial plant or hazardous waste site? Describe.

Form B:

**Employees return original to EH&S, attn: Occ Med Review and mark “Confidential” Students/student employees return original to SOU Student Health Services, Attn: Animal Handler Review.**

**FORM B**

**Page 2 of 2**

**MEDICAL HISTORY**

Check if you have any of the following and give the year

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Illness** |  | **Year** | **Illness** |  | **Year** | **Illness** |  | **Year** |
| Blackouts or Epilepsy |  |  | Ear Infection/ Ruptured Ear Drum |  |  | Liver Disease |  |  |
| Heart Trouble |  |  | Bone or Joint Problems |  |  | Cancer |  |  |
| High Blood Pressure |  |  | Varicose Veins |  |  | Neurologic Disorder |  |  |
| Tuberculosis |  |  | Hernia |  |  | Carpal Tunnel |  |  |
| Diabetes, High Blood Sugar |  |  | Anemia/Other Blood Disorder |  |  | Neck/Shoulder Injury |  |  |
| Asthma, Bronchitis, Pneumonia, Other Lung Disease |  |  | High Cholesterol or Triglycerides |  |  | Tendonitis/Repetitive Strain Injury |  |  |
| Spleen Absent |  |  | Vision Problems |  |  | Knee/Foot Problems |  |  |
| Dermatitis or Other Skin Disease/Rash |  |  | Urinary or Kidney Problems |  |  | Other |  |  |

Describe above positives:

Have you ever had back pain or injury which disrupted your usual activities? yes no If yes, please describe all episodes which resulted in absence from work or school (include dates):

Any other illness? Please describe and give dates:

Please list current medications:

Do you have any concerns related to your current work or previous jobs and your reproductive history? (i.e., infertility, miscarriages, still births, or birth defects)

Have you ever been in the hospital? Yes No.

Please list any hospitalizations and/or surgeries for major medical illnesses, injury, or procedures:

**Allergy History:** Allergy to medications: To Animals:

To Other Agents? Specify:

To Protective Gloves or Latex Allergy (glove dermatitis)

I certify to the best of my knowledge that the above information is true.

I understand that this evaluation (history review and physical exam) is related to my job and does not replace routine health care and physical examinations, by my own doctor.

The object of this form is to gather relevant information about occupational history, untoward effects of chemicals and other exposures from the workplace, allergy history, current medications and current health problems. It serves as a baseline for when an employee seeks medical evaluation at the Southern Oregon University Student Health Services. This is not a pre-employment, it is a pre-placement questionnaire, and it will not have any power in terms of deterring employment. Furthermore, newly hired employees are free to omit information one may feel is not relevant to the scope of one’s job or to the care one may receive from the medical care provider.

Signature Date

**Form B:**

**Employees return original to EH&S, attn: Occ Med Review and mark “Confidential” Students/student employees return original to SOU Student Health Services, Attn: Animal Handler Review.**

**FORM C (Non-affiliates)**

**Southern Oregon University Occupational Health and Safety Program for Animal Handlers - Personal Profile for Non-University Affiliates**

***Directions:*** *Use this form when non-university personnel will be working on approved animal protocols or have significant contact with animals or animal tissue. Non-university affiliates should be made aware of potential hazards involved in working*

*with animals as part of the Southern Oregon University Occupational Health and Safety Program for Animal Handlers. The non-university personnel should also be made aware of the recommended immunizations for the species they are working with. Maintain this form in the Environmental Health and Safety files for animal handlers.*

Date

* 1. or Supervisor Name

Name Work Phone (First) (Middle) (Last)

Dept. Unit Email

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal Contact Profile – check species worked with here at SOU** | | | | | | | |
| Rodents |  | Sheep/goats\* |  | Horses |  | Fish/amphibians |  |
| Rabbits |  | Cattle |  | Poultry/birds |  | Wildlife (specify) |  |
| Cats |  | Pigs |  | Reptiles |  |  |  |
| Other (specify, e.g., necropsy only, observation only) | | | | | | | |

#### VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations.

|  |  |  |
| --- | --- | --- |
| **Vaccine** | **Mo/Yr** | **Don’t Know** |
| Tetanus Toxoid (recommended every 10 yrs) |  |  |
| Rabies immunization and/or serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.) |  |  |

###### \*Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.

I have answered the questions in this form truthfully and to the best of my knowledge. I have read the Occupational Health and Safety Program for Animal Handlers document. [I do not have any malady that would be deleterious](https://ehs.uconn.edu/biological-health-and-safety/) to the laboratory animals. I understand that it is my responsibility to return a completed copy of Form C to: EH&S, prior to beginning any work with animals.

#### (Signature) (Date)

**Form C: return original to EH&S**

**FORM D (Non-animal users)**

**Animal Area Access for Non-Animal Users**

***Directions:*** *Use this form when university personnel or university sanctioned visitors will be working in animal areas but anticipate no actual animal contact. You should be made aware of potential hazards involved in working within animal areas.*

The Southern Oregon University is actively involved in working with animals. In performing your assigned duties, you may at times come in contact with animals or their environment. Although minimal, there are some hazards that you should be aware of when working in areas that animals are being housed or maintained.

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Species Currently Used/Housed on Campus** | | | |
| Rodents | Sheep | Horses | Fish/amphibians |
| Rabbits | Cattle | Poultry/birds |  |
| Cats | Pigs | Reptiles |  |

Animal related hazards include the following:

* + - Allergies

A small percentage of individuals may have allergic reactions to animals. If you experience hives, a runny nose or eyes, coughing or shortness of breath (asthma) when you enter an animal area, this may suggest some type of allergic reaction.

* + - Other hazards associated with animal areas:
      * Traumatic injuries, such as being stepped on, kicked, bitten or pinned against something by a large farm animal.
      * Animal related infectious (zoonotic) disease.
      * Chemical hazards (disinfectants/ flammables/ carcinogens/ toxins).
      * Machinery hazards.

Common practices that can protect you from animal related hazards:

* + - Before entering any animal housing areas, contact the animal facility manager or lab manager for safety instructions.
    - If you are aware of any personal health conditions such as allergies or asthma that could prohibit you from working in animal areas inform your supervisor. **Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working around animals, especially sheep.**
    - Practice personal hygiene and always wash your hands after leaving animal areas.
    - Be careful around animal facility equipment.
    - Do not enter animal rooms unaccompanied without proper training and authorization.
    - Laboratories or animal rooms will be posted with specific hazard information and entry instructions if present.
    - Necropsy rooms (Pathobiology) require biosafety clearance of the room prior to entry by maintenance personnel.
    - Communicate any additional concerns directly to your supervisor.

I have read and understand this document. If I have any other questions I understand I can contact the lab or facility manager as well as Environmental Health & Safety.

Name Employee ID # Phone # (First) (Middle Initial) (Last)

Dept. Supervisor Name Email Unit

#### (Signature) (Date)

**Form D: return original to EH&S,**

FORM E

**ANIMAL HANDLERS FORM (Independent Study Students)**

**- Personal Profile for Independent Study Students**

***Directions:*** *Use this form when students will be working with animals or animal tissue as part of an independent study. Independent study students should be made aware of potential hazards involved in working with animals and reference the Southern Oregon University Occupational Health and Safety Program for Animal Handlers. The independent study student should also be made aware of the recommended immunizations for the species they are working with.* ***Independent studies are academic experiences under the direction of an instructor and as such responsibility for training the student and instructing them about potential hazards is the responsibility of the sponsoring faculty/instructor.*** *Recommended or required immunizations may be considered a class requirement and the responsibility of the student, consult with your faculty sponsor/instructor. Maintain this form in the Environmental Health and Safety files for animal handlers. Each form covers one semester.*

Semester

(i.e. Spring 2017)

Net ID

Faculty Sponsor/Instructor

Name Work Phone (First) (Middle) (Last)

Dept. Unit Email

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Animal Contact Profile – check species worked with here at UConn** | | | | | | | |
| Rodents |  | Sheep/goats\* |  | Horses |  | Fish/amphibians |  |
| Rabbits |  | Cattle |  | Poultry/birds |  | Wildlife (specify) |  |
| Cats |  | Pigs |  | Reptiles |  |  |  |
| Other (specify, e.g., necropsy only, observation only) | | | | | | | |

#### VACCINATIONS/TESTS - Please indicate below if and when you have had the following vaccinations (student).

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Mo/Yr** | **Don’t Know** | **Serology** |
| Tetanus Toxoid (recommended every 10 yrs) |  |  |  |
| Rabies immunization and/or serology (For work with potential rabies vectors, i.e. unvaccinated carnivores, skunks, raccoons, bats.) |  |  |  |

**\*Individuals with compromised immune systems and/or heart conditions should consult with a physician prior to working with animals, especially sheep or goats.**

**Individuals with a history of animal allergies should consult with their physician about any allergy concerns.**

I have answered the questions in this form truthfully and to the best of my knowledge. I have been provided the Occupational Health and Safety Program for Animal Handlers document. [I do not have any malady that would be deleterious](https://ehs.uconn.edu/biological-health-and-safety/) to the laboratory animals. I understand that it is my responsibility to return a completed copy of this form to: EH&S, prior to beginning any work with animals. Faculty Sponsor/Instructor ensures the students receive the proper trainings and have any required immunizations or serology.

#### (Student Signature) (Date)

#### (Faculty Sponsor/Instructor Signature) (Date)

**Return original form to EH&S prior to beginning any animal work,**