

Instructions for Completing the  
**Risk Assessment for Animal Contact**  
Animal Contact Medical Monitoring Program  
Office of Occupational Medicine, Division of Environmental Health & Safety  
**UNIVERSITY OF FLORIDA**  
November 2016

Completion of the Contact Information and Health Questionnaire forms are required for all individuals who work with or in proximity to animals at the University Florida. This work-related information will be evaluated by UF Occupational Medicine Physicians or Licensed Health Care Professionals (LHCP) at the UF OCCMED Clinic to determine potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. UF Occupational Medicine Physicians or LHCP will “clear” you for animal contact – with or without restrictions on your work or extra precautions. Contact the Occupational Medicine Program (OCCMED) at the Division of Environmental Health and Safety (EH&S) with questions at 392-1591.

If you do not have animal contact and do not enter the animal facilities but are on an approved IACUC project, complete the first informational section, check the first box in the Animal/Tissue Use Section, sign the form and send it to EH&S OCCMED as email attachment to [OCCMED@ehs.ufl.edu](mailto:OCCMED@ehs.ufl.edu) or Box 112190. No immunizations/tests are required and you do not need to complete the Health Questionnaire. **DO NOT SEND THE HEALTH QUESTIONNAIRE TO [OCCMED@ehs.ufl.edu](mailto:OCCMED@ehs.ufl.edu) (EH&S) AS IT CONTAINS CONFIDENTIAL MEDICAL INFORMATION. SEND IT TO THE UF OCCMED CLINIC BY FAX: 352-846-2003.**

**General Health Information: You and Your Work Environment**

1. The University of Florida’s Animal Contact Program covers faculty, staff, students and volunteers or visitors who work with or in proximity to vertebrate animals. Individuals who handle certain animal wastes or tissues, including blood and body fluids are also included in the program. The program requirements are based on the type of exposure to animals.
2. The Animal Contact Handbook (<http://www.ehs.ufl.edu/programs/bio/animal/achand/>) describes the Animal Contact Program as well as includes health risks and medical requirements.
3. The following items are required:
  - Tetanus Immunization (MM/YY) within 10 years - All participants with animal contact
  - Rabies Immunization Series/Booster or Positive Titer every 2 years – All individuals handling unvaccinated carnivores or their tissue or wild/feral mammals (unless the animals are from a defined, closed colony – requires documentation verification) or bats
  - Respirator Clearance and Fit Test –All individuals required by the Q-Fever Policy <http://www.ehs.ufl.edu/programs/bio/qfever/> or as medically necessary to prevent allergic reactions
  - TB Screening within 12 months – All individuals who enter any room with non-human primates or have contact with elephants
  - Medical consultation –As determined by the Occupational Medicine Provider
4. If you are immunocompromised due to treatment of certain diseases, e.g. cancer, lupus, rheumatoid arthritis, asthma, or as a result of chronic viral illness, special considerations may need to be made for your safety. You are encouraged to confidentially discuss your condition with the LHCP or your personal care physician.
5. **Female Personnel:** If you are pregnant or become pregnant while at the University of Florida, certain precautions may need to be taken during your pregnancy if you work with animals, biohazardous materials, or chemical agents. *(It is recommended that you discuss your pregnancy and your work environment with your personal care physician or UF Occupational Medicine Provider or Licensed Health Care Professional as early as possible in case precautions need to be instituted.)*
6. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, please contact the SHCC to discuss how these changes will affect your ability to work with or in close proximity to animals.
7. Your Risk Assessment for Animal Contact must be updated on a periodic basis and any time you change or add species. **IMPORTANT:** If you add or delete a species, complete the Renewal Risk Assessment form listing ALL animals contacted, not just the new species. The information on the latest form received supersedes information previously provided, thus approval will just be granted for the new species if it’s the only one listed.
8. Medical clearance for animal contact is required for individuals seeking access to Animal Care Services (ACS) facilities.
9. Medical information entered on the Health Questionnaire is confidential and kept only at the SHCC.

## **Routing of Risk Assessment Contact Information and Health Questionnaire Forms**

These forms should be completed at the time a department fills a vacant position that involves work with or in proximity to vertebrate animals. These forms should also be completed any time an individual's duties change such that they will work with or in proximity to vertebrate animals.

1. The participant must complete the first section of the Risk Assessment form - Contact Information page, sign it and give it to the Supervisor to complete the Animal/Tissue Use section.
2. The Supervisor/PI must complete the Animal/Tissue Section on the Risk Assessment form- Contact Information page. This signature is mandatory for processing.
3. Supervisor/PI must obtain payment information from the departmental Fiscal contact. **Insufficient payment info will delay risk assessment review.**
4. The participant must complete and sign the Health Questionnaire.
5. Submit BOTH the completed Contact Information and Health Questionnaire to the UF OCCMED Clinic, University of Florida, Fax 352-846-2003. You may mail them to the Clinic at P.O. Box 100148, Gainesville, FL 32611. Incomplete forms will be returned, delaying your clearance to work with animals.
6. The UF OCCMED Clinic will review the information and determine whether medical clearance is approved or whether additional information is needed. They will contact the individual through the Supervisor if further clinical interaction or a medical consultation is needed.
7. If respirator use is required, the participant must complete UF\_EHS846\_OLT (training) then contact EH&S at 392-1591 for a fit test.
8. Chartfield (including SOF, Project #) must be provided for risk assessment. See Billing Section below.
9. When medical clearance is established, the UF OCCMED Clinic will record the risk assessment status in myUFL.
10. The OCCMED program at EH&S will track medical clearances for animal contact and provide clearance reports as requested.
11. Employees may track their risk assessment status in myUFL>My Self Service>UF Health Assessment.

## **Further Animal Contact Program Information**

More UF Animal Contact Program information is on the EH&S website: <http://www.ehs.ufl.edu/programs/bio/animal/>. Documentation of Animal Contact Handbook review is required on the Risk Assessment form.

## **UF OCCMED Services Information**

Please route all risk assessment forms through the UF OCCMED Clinic: Fax # 352-846-2003; Phone 352-294-5700: Location second floor of the Health Science Center's Dental Tower, Room D2-49.

## **UF OCCMED Billing Information**

The UF OCCMED Clinic reviews risk assessment forms as well as provides medical services required for clearance to work with or in proximity to animals. This cost is borne by the employee's department. Volunteers and students should check with their department to determine who will cover the cost. In any case, the UF OCCMED Clinic will provide information upon request about the charge that will be incurred.

The UF OCCMED Clinic accepts Purchase Order Numbers and P-card numbers for payment. This information can be obtained from your department's fiscal expert. In cases where these are not payment options, contact the Clinic at 352294-5700 to discuss payment.

Costs for Services: <http://shcc.ufl.edu/services/specialty-care/occupational-medicine/>

Animal contact risk assessment components are dependent on the animal contact the individual will have.

For animal contact risk assessment charges, go to the Preplacement Health Assessments (PPHA) section on the above link and then health assessments. The cost is listed for a risk assessment with a physical exam as well as the cost without a physical exam (Record Review).

For costs associated with the risk assessment, go to the Preplacement Health Assessments (PPHA) section and then immunizations.

## **Respirator Clearance**

In some cases of animal contact, the use of a HEPA/N95 respirator may be required or recommended. Before an N95 may be worn, the user must be medically cleared by the Clinic, trained through myTraining and fit tested by Environmental Health and Safety. Please contact EH&S at 352-392-1591 for a fit test appointment. They are located in Building 179 on Newell Drive.

# Risk Assessment for Animal Contact

## Animal Contact Medical Monitoring Program – Contact Information

Name	UF Position Title	Date of Birth	Male	Female
UFID # (required for processing)	UF Position #	Work/Cell Phone		
Department/Division	Box #	UFL.EDU Email		
Supervisor/PI	Supervisor's Box #	Supervisor's Phone (Cell phone)		
Chartfield (including SOF, Project Number)		Supervisor's Email		
Fiscal Contact Name	Fiscal Contact Phone	Fiscal Contact Email		

Describe your exposure/potential exposure to animals:

I certify this information is correct and I've reviewed the Animal Contact Program Handbook on the web <http://www.ehs.ufl.edu/programs/bio/animal/achand/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant must have Supervisor fill in section below then you complete Pages 2 & 3, Medical Questionnaire.

Immunization/Screening History	Date
Tetanus Immunization (Required of all) – MM/YY within last 10 years	
Rabies Immunization or positive titer within 2 years (Contact with unvaccinated carnivores or wild/feral mammals except closed colonies)	
Tuberculosis screening (Annually for contact with non-human primates, elephants and rhinos)	
Q Fever Titer (Annually for contact with sheep and goats)	
HEPA/N-95 Respirator clearance (Contact with quarantined animals and sheep, goat, cattle)	
HEPA/N-95 Respirator fit test (Annual fit tests needed for HEPA/N-95 use)	
<i>Call 352-294-5700 for an appointment with SHCC at Health Science Center - Rm D2-49 in Dental Tower (NOT the Infirmary Bldg.).</i>	

### Supervisor to Complete this Section:

#### ANIMAL/TISSUE/BODY FLUID USE ID

Has no animal contact, does not visit animal facilities, but is listed on a current IACUC project

No longer active on an approved IACUC project & will not be working in the animal facilities.

**If either box above is checked, stop here, sign, & send form (without health questionnaire) to OCCMED@ehs.ufl.edu or Fax 392-3647.**

No direct contact: observes animals or enters animal facility. Example: IACUC inspector, PPD personnel, UPD security.

Does not conduct procedures on live animals but handles "unfixed" animal tissues and body fluids. Example: clinical lab staff.

Handles, restrains, collects specimens from or administers substances to live animals.

Performs invasive procedures such as obstetric procedures, surgery, necropsy.

I certify the information is accurate and I have trained the individual on the items described in the UF Animal Contact Program Handbook.

PI/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's Signature is Mandatory for Processing!!**

**If any of these four boxes are checked, fax all form pages to 352-846-2003.**

### Animal/Tissue/Body Fluid Exposure – Check all that apply

Bats
Birds/Poultry
Cats
Cattle
Dogs
Fish/amphibians
Guinea pigs
Horses
Live non-human primates
Non-human primate blood/tissue only
Rabbits
Reptiles
Sheep/Goats
Small rodents (hamsters, gerbils, mice, rats)
Unvaccinated carnivores in closed colonies only (must provide dept documentation to SHCC/OCCMED)
Unvaccinated carnivores
All animals
Other:
<b>Attach form: <a href="http://webfiles.ehs.ufl.edu/N95_Respirator.pdf">http://webfiles.ehs.ufl.edu/N95_Respirator.pdf</a> for next two</b>
Sheep/Goat used/housed at Health Center
Sheep/Goat obstetrics/surgery/handle newborns

### Student Health Care Center Statement

1. \_\_\_ No restrictions on animal use 2. \_\_\_ Specific restrictions on animal use 3. \_\_\_ Not cleared

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MD/ARNP/PA or other licensed healthcare professional \_\_\_\_\_ Date \_\_\_\_\_

### Follow-Up Due

- 1 yr  
 3 yr  
\_\_\_\_\_ other

***Animal Contact Medical Monitoring Program: Health Questionnaire- Page 1***  
**UNIVERSITY OF FLORIDA**

Name \_\_\_\_\_ UFID \_\_\_\_\_

<b><u>ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Don't Know</u></b>
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1. Are you allergic to any animal(s)? If yes, list animals that cause your allergy symptoms:  
\_\_\_\_\_

2. Do you have any other known allergies? If yes, what? List cause(s) of allergies:  
\_\_\_\_\_

3. List symptoms that occur when you are suffering from your allergies:  
\_\_\_\_\_

4. List any treatment that you received to relieve your allergies:  
\_\_\_\_\_

5. Are you allergic or possibly allergic to the animals that you currently work with? If yes, have you been seen by a physician for this?  
\_\_\_\_\_

6. Do you have asthma? If yes, list cause(s) (if you do not know, write "unknown")  
\_\_\_\_\_

7. Do you have asthma related to the animals that you currently work with? If yes, have you been seen by a physician for this?  
\_\_\_\_\_

8. Do you experience shortness of breath at work? If yes, explain:  
\_\_\_\_\_

9. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes) If yes, describe:  
\_\_\_\_\_

10. Have you developed any symptoms or illnesses as a result of your exposure to animals? If yes, describe:  
\_\_\_\_\_

11. Do you have any chronic medical condition? If yes, describe:  
\_\_\_\_\_

12. Do you have any problems with your immune system (immunosuppressed)?  
A) Have you had a splenectomy (removal of the spleen)?  
B) Have you recently taken any medications, which might suppress your immune system (e.g. prednisone, cortisone, chemotherapy, methotrexate, etc.)  
C) Have any chronic medical problems, which might suppress your immune system (e.g. cancer, lupus, rheumatoid arthritis, multiple sclerosis, leukemia, lymphoma, diabetes, HIV/AIDS, tuberculosis, renal disease, alcoholism)?

13. Do you have a history of heart disease? If yes, describe:  
\_\_\_\_\_

14. Do you take any medications (prescribed or over the counter) on a regular basis? If yes, please list.  
\_\_\_\_\_

**Animal Contact Medical Monitoring Program: Health Questionnaire- Page 2**

15. Prior to your current job, have you been previously exposed to animals in any of the following settings?

	Mice/ Rats	Rabbits	Cats	Dogs	Guinea Pigs/ Hamsters	Other
University						
Pharmaceutical Lab						
Hospital						
Research Lab						
Vet School						
Vet Clinic						
Pet Store						

**ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS**      **Yes**      **No**      **Don't Know**      **NA**

16. If you were exposed to any lab animal, did you have any symptoms?  
If yes, which animal?

\_\_\_\_\_

If yes, which symptom?      Skin  
  Nose/Eye  
  Chest

17. If you were exposed to any animal, did you avoid or stop working with any animal because you thought you were allergic to it?

18. Do you live with any indoor or outdoor pets?  
If yes, list \_\_\_\_\_

19. Do you have any symptoms when exposed to your pets?  
If yes, list \_\_\_\_\_

20. Do you wear a fit tested respirator (including N95) to perform any activities at work?  
If yes, date of last respirator training: \_\_\_\_\_  
date of last supervised fit testing: \_\_\_\_\_

**ADDITIONAL PERSONAL HEALTH CONCERNS**      **Yes**      **No**

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 Provider (e.g. questions regarding immunity or medical conditions)?

I have answered the questions on this form truthfully and to the best of my recollection.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

UFID Number