

# Renewal -Risk Assessment for Animal Contact Form Instructions

## Animal Contact Medical Monitoring Program

Office of Occupational Medicine, Division of Environmental Health & Safety

November 2016

Everyone in the animal contact program at UF must submit the Renewal-Risk Assessment form at least every three years or any time they contact a new animal species. The information provided will be evaluated by UF Occupational Medicine Physicians or Licensed Health Care Professionals (LHCP) at the UF OCCMED Clinic to determine if there are any new potential health risks to you and whether further clinical interaction or preventative steps are necessary to protect your health. The Clinic will “clear” you with or without restrictions on your work or extra precautions, depending on your current health status and your current animal exposure. Contact the Occupational Medicine (OCCMED) Program at Environmental Health and Safety (EH&S) with questions at 392-1591.

It is the responsibility of the PI to ensure that the Renewal forms are submitted to the Clinic at the appropriate time. Approval to work with animals is valid for three years from the original or renewal approval date, unless species or individual health issues change.

**UF OCCMED Clinic approval changes with the addition/deletion of species or health issues.** The individual is responsible for notifying the Clinic any time animal contact changes or for health status changes. If you become immune compromised, pregnant, develop animal or environmental allergies, develop a chronic illness or condition, contact the Clinic at 294-5700 to discuss how these changes will affect your ability to work with or in close proximity to animals. **Also, for any added species contact, complete the Renewal-Risk Assessment form and submit it to the Clinic. List all animals contacted on the form, not just the added species.**

**If you do not have animal contact, do not work in proximity to animals or are on an outside observation project, fill in the first section of the form, check the first box under Animal/Tissue use, and send your signed and scanned form to EH&S at [OCCMED@ehs.ufl.edu](mailto:OCCMED@ehs.ufl.edu) or fax to 352-392-3647. DO NOT SEND THE HEALTH QUESTIONNAIRE TO [OCCMED@ehs.ufl.edu](mailto:OCCMED@ehs.ufl.edu) (EH&S) AS IT CONTAINS CONFIDENTIAL MEDICAL INFORMATION.**

### General Animal Contact Requirements

1. The Animal Contact Handbook (<http://www.ehs.ufl.edu/programs/bio/animal/achand/>) describes the Animal Contact Program. Complete UF animal contact information is available on the EH&S website: <http://www.ehs.ufl.edu/programs/bio/animal/>
2. 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 – As required by the Q-Fever Policy <http://www.ehs.ufl.edu/programs/bio/qfever/> or as needed to prevent allergic reactions
  - TB Screening within 12 months – All individuals who enter a room with non-human primates or have contact with elephants
  - Medical consultation –As determined by the Occupational Medicine Provider
3. Medical information entered on the Renewal Health Questionnaire will be considered confidential and kept only at the SHCC.

### Routing of Renewal-Risk Assessment form

1. The participant must complete the first section of the Renewal form, sign it and give it to the Supervisor.
2. The Supervisor/PI must complete the Animal/Tissue Section and sign the form. This signature is mandatory for processing.
3. The participant must complete and sign the Renewal Health Questionnaire.
4. Submit the completed Renewal Contact Information and Renewal Health Questionnaire to the UF OCCMED Clinic by fax to 352-846-2003 or by mail to University of Florida, Box 100148, Gainesville, FL 32611. Incomplete forms will be returned. Hand delivery to the Clinic at D2-49 of the Health Science Center Dental Tower is an option.
5. The Clinic will review the information and determine if the renewal medical clearance is approved or if additional information is needed. They will contact the individual through the Supervisor for further clinical interaction or a medical consultation.
6. If respirator use is required, the participant must complete training and contact EH&S (392-1591) for a fit test after clearance.
7. Chartfield (including SOF, Project #) must be provided to cover the Clinic renewal evaluation fee.
8. When medical clearance is established, the Clinic will record the risk assessment status in myUFL.
9. The OCCMED Program at EH&S will track medical clearances for animal contact and provide clearance reports as requested.
10. Employees may track their risk assessment status in myUFL>My Self Service>UF Health Assessment.

### SHCC Billing and Services Information

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

# Renewal -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 Renewal Health 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)	

*Call 352-294-5700 for an appointment with SHCC at Health Science Center. Rm D2-49 in Dental Tower (NOT the Infirmary Bldg.).*

### Supervisor to Complete this Section:

#### ANIMAL/TISSUE USE

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.**

#### **Animals/Tissue/Body Fluid Exposure: Check all that apply**

<input type="checkbox"/> Bats
<input type="checkbox"/> Birds/Poultry
<input type="checkbox"/> Cats
<input type="checkbox"/> Cattle
<input type="checkbox"/> Dogs
<input type="checkbox"/> Fish/amphibians
<input type="checkbox"/> Guinea pigs
<input type="checkbox"/> Horses
<input type="checkbox"/> Live non-human primates
<input type="checkbox"/> Non-human primate blood/tissue only
<input type="checkbox"/> Rabbits
<input type="checkbox"/> Reptiles
<input type="checkbox"/> Sheep/Goats
<input type="checkbox"/> Small rodents (hamsters, gerbils, mice, rats)
<input type="checkbox"/> Unvaccinated carnivores in closed colonies only (must provide dept documentation to SHCC/OCCMED)
<input type="checkbox"/> Unvaccinated carnivores
<input type="checkbox"/> All animals
<input type="checkbox"/> 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>
<input type="checkbox"/> Sheep/Goat used/housed at Health Center
<input type="checkbox"/> 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: Renewal Health Questionnaire***

UNIVERSITY OF FLORIDA

**ENVIRONMENTAL ALLERGIES/ ASTHMA/ SKIN PROBLEMS**

**Yes**

**No**

**Don't  
Know**

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 new medical problems since your last evaluation? 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. \_\_\_\_\_  
\_\_\_\_\_
15. Do you live with any indoor or outdoor pets?

