

Risk Assessment for Animal Contact

College of Veterinary Medicine • Animal Contact Medical Monitoring Program

- Select
- Initial
- Renewal
- Change in Animal
- Program Removal

Please visit the [Animal Contact Program](#) website for detailed instructions on filling out this form.
Personal medical health issues can **only** be discussed with VETMED CLINIC personnel at (352) 294-8782.

Participant Name	UFID Number	Date of Birth	Male	Female
Participant ufl.edu Email	Position Title	Cell/Primary Phone Number		
Department/Division	Position Number	Work Phone		
Supervisor/PI Name	Supervisor Phone	Supervisor Email		

Has the [Payment Authorization Form](#) been submitted? Yes No Not Required (*Animal Contact Type 1 or 2 only - see below*)
Failure to submit the Payment Authorization form, if required, may delay processing.

Fiscal Contact Name _____ Fiscal Contact Phone: _____ Fiscal Contact Email: _____

Select Type of Animal Contact:

1. Listed on a current IACUC project **only**. **No other animal contact and does not visit animal facilities**

OR

2. **No longer active on** an approved IACUC project and will **not** be **entering** animal facilities

Supervisor ACTION REQUIRED → *If contact type 1 or 2 apply, STOP HERE, SIGN & SUBMIT* → **Supervisor Sign Here:** _____
If contact type 3,4,or 5 apply, participants and supervisors must continue filling out form completely. [Click to submit via e-mail](#)

3. Observes animals or enters animal facility only. No direct animal contact: IACUC inspector, maintenance personnel, UPD security, etc.
4. Does not conduct procedures on live animals but handles animal waste, "unfixed" animal tissues, or body fluid
5. Handles, restrains, collects specimens from, or administers substances to live vertebrate animals.

Frequency of contact: Daily (5x/week) Weekly (1-3x/week) Monthly (1-3x/month) Rarely (1-3x/every 3-6 months or less)

Briefly describe our contact with or exposure to animals:

If working with all of the animals listed below, select "ALL Animals".

Otherwise, select **each** animal that you may be in contact with or be exposed to - not just the added or new types.

ALL Animals Live Animal Tissue/Body Fluids	Non-Human Primates Live Animals Tissue/Body Fluids Specify type/species:	Sheeps/Goats Live Animals Tissue/Body Fluids Obstetrics/handle newborns Housed indoors for Biomedical Research
Bats Live Animals Tissue/Body Fluids	Pigs Live Animals Tissue/Body Fluids	Unvaccinated Carnivores Live Animals Tissue/Body Fluids Closed colony/known health status Specify type/species:
Birds Live Animals Tissue/Body Fluids Specify type/species:	Rabbits Live Animals Tissue/Body Fluids	Zoo/Exoti Live Animals Tissue/Body Fluids Specify type/species:
Cats Live Animals Tissue/Body Fluids	Reptiles & Amphibian Live Animals Tissue/Body Fluids Specify type/species:	Other Live Animals Tissue/Body Fluids Wild animals or their tissue/body fluid Specify type/species:
Cattle Live Animals Tissue/Body Fluids Obstetrics/handle newborns	Rodents (hamsters, gerbils, mice, rats, etc.) Live Animals Tissue/Body Fluids Wild rodents or their tissue/body flu Specify type/species:	Rabies Surveillance Requested (VMTH Only) Live Animals Tissue/Body Fluids
Dogs Live Animals Tissue/Body Fluids		
Fish Live Animals Tissue/Body Fluids		
Guinea Pigs Live Animals Tissue/Body Fluids		
Horses Live Animals Tissue/Body Fluids		

Supervisor ACTION REQUIRED → Supervisor Sign Here: _____ Date: _____ **Supervisor SAVE & EMAIL TO:** → Participant: _____ E-mail: _____

Participant Name: _____ UFID: _____ Phone: _____



Complete both pages of the Immunization/Screening History & Health Questionnaire

Immunization/Screening History - <i>Call the VETMED Clinic at 352-294-8782 to obtain any required services.</i>	Date (MM/YY)
Tetanus Immunization. <i>Required of all, every 10 yrs.</i>	
Rabies Immunization or positive titer within last 2 years. <i>Required for contact with wild/feral/free-roaming or unvaccinated carnivores (except closed research colonies) and participants in the rabies surveillance programs.</i>	
Tuberculosis screening. <i>Required annually for contact with nonhuman primates, elephants & rhinos.</i>	
Q Fever Titer. <i>Required annually for contact with sheep and goats as specified by the Q Fever Policy.</i>	
HEPA/N-95 Respirator clearance. <i>Required when specified by the OCCMED Clinic for prevention of allergy or for contact with sheep & goats housed indoors for biomedical research.</i>	
HEPA/N-95 Respirator fit test for all HEPA/N-95 respirator users. <i>Fit-test conducted annually by EHS - call 392-1591 to schedule.</i>	

1. Are you allergic to any animal(s)?	Yes	No	Don't Know
If yes, list animals that cause your allergy symptoms:			
2. Do you have any other known allergies?	Yes	No	Don't Know
If yes, what? List cause(s) of allergies:			
List symptoms that occur when you are suffering from your allergies:			
List any treatment that you received to relieve your allergies:			
3. Are you allergic or possibly allergic to the animals that you currently work with?	Yes	No	Don't Know
If yes, have you been seen by a physician for this?			
4. Do you have asthma caused by or related to allergies?	Yes	No	Don't Know
If yes, list cause(s) (if you do not know, write "unknown"):			
5. Do you have asthma related to the animals that you currently work with?	Yes	No	Don't Know
If yes, have you been seen by a physician for this?			
6. Do you experience shortness of breath at work?	Yes	No	Don't Know
If yes, explain:			
7. Do you have any skin problems related to work? (e.g. reactions to latex, dry/cracked skin, rashes)	Yes	No	Don't Know
If yes, describe:			
8. Do you have any chronic medical condition?	Yes	No	Don't Know
If yes, describe:			
9. Do you have a history of heart disease?	Yes	No	Don't Know
If yes, describe:			
10. Do you have any problems with your immune system (immunosuppressed)?	Yes	No	Don't Know
11. Have you had a splenectomy (removal of the spleen)?	Yes	No	Don't Know
12. Have you recently taken any medications, which might suppress your immune system? (e.g. prednisone, cortisone, chemotherapy, methotrexate, etc.)	Yes	No	Don't Know
13. 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)?	Yes	No	Don't Know
14. Do you take any medications (prescribed or over the counter) on a regular basis?	Yes	No	
If yes, list:			

Participant Name: _____ **UFID:** _____ **Phone:** _____

Health Questionnaire - continued

15. Do you live with any pets?						Yes	No	
If yes, list & specify if indoor &/or outdoor:								
16. Do you have any symptoms when exposed to your pets?						Yes	No	Not Applicable
If yes, list:								
17. Do you wear a fit tested respirator (including N95) to perform any work activities?						Yes	No	
If yes, date of last respirator training & date of last supervised fit testing:								
18. 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 Consulting Physician (e.g. questions regarding immunity or medical conditions)						Yes	No	
19. Have you developed any symptoms or illnesses as a result of your exposure to animals?						Yes	No	Don't Know
If yes, describe:								
Initial: Skip Q.20 only			Renewals/Change in Animal: Answer Q. 20, Skip Q.21 and Q.22					
20. Have you developed any new medical problems since your last evaluation?						Yes	No	
If yes, describe:								
21. Prior to your current job, have you been previously exposed to animals in any of the following setting:						Yes	No	
If yes, please indicate:	Mice or Rats	Rabbits	Cats	Dogs	Guinea Pigs or Hamsters	Other		
University								
Pharmaceutical Lab								
Hospital								
Research Lab								
Veterinary School								
Veterinary Clinic								
Pet Store								
22. If you were exposed to any lab animal, did you have any symptoms?						Yes	No	Don't Know/NA
If yes, symptoms with which animal?								
Skin								
Nose/Eyes								
Chest								
23. If you were exposed to any animal, did you avoid or stop working with any animal because you thought you were allergic to it?						Yes	No	



I, _____ *Participant's Name* affirm have answered the questions on this form truthfully and to the best of my recollection

Signature: _____ Date: _____

1. Save this completed .pdf file
2. [Click here to SUBMIT](#) OR email to VetMedClinic-RiskAssessment@shcc.ufl.edu

OCCMED CLINIC USE ONLY

No Restrictions for Animal Contact Follow-Up Due: 1 year 3 Year Other _____
 Yes, Specific restrictions for Animal Contact. Restrictions are detailed below:

MD/ARNP/PA or other licensed healthcare professional:

Name: _____ Signature: _____ Date: _____