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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IMPORTANT NOTE:** All your medical and health-related information (either verbal or written) will be kept strictly confidential by the Occupational Health Nurse. Your health conditions and/or medical information will not be revealed to other University departments or your supervisor unless you provide written permission to the Occupational Health Nurse, or in the case of a major emergency (under which information would only be revealed on a “need-to-know” basis).  **SPECIAL NOTICE:** Due to occupational job duties, you may be at risk of exposure to potentially infectious materials and/or blood or blood products that may put you at risk for acquiring diseases. Certain accommodations may be required for your safety, including immunizations, use of respirator, special protective equipment or clothing, etc. The Occupational Health Nurse will inform you of any additional requirements. If you are immunocompromised (e.g., due to treatment of certain diseases such as cancer, lupus, rheumatoid arthritis, asthma; as a result of chronic viral illness; or as a result of having your spleen removed) special consideration may need to be made for your safety. You are encouraged to confidentially discuss your condition with the Occupational Health Nurse or your personal care physician.  **FEMALE PERSONNEL**: If you are pregnant or become pregnant while involved in the animal care and use program, certain precautions may need to be taken during your pregnancy due to the risks associated with animals, biohazardous materials, radiation, or chemical agents. You are required to provide a release from your personal care physician. | | | | | | | | | | | |
| **Medical Health Questionnaire: Part I** | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | |
| **Name:** | | Click to enter text. | | | | | **Today’s Date:** | Click to enter a date. | | | |
| **Sex:** Click to enter text. | | | | **UTA ID#:** Click to enter text. | | | | | **Date of Birth:** Click to enter a date. | | |
| **Email Address:** | | | Click to enter text. | | | | **Work Phone:** | | | | Click to enter text. |
| **Position/Title:** | | | Click to enter text. | | | | **Department:** | | | | Click to enter text. |
| **Supervisor/Principal Investigator:** | | | | | Click to enter text. | | | | | | |
| **Supervisor/Principal Investigator Phone:** | | | | | | Click to enter text. | | | | | |
| **Describe your position as it involves your potential exposure to animals (what type of animal work do you anticipate doing?):** | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | |
| **Animal/Tissue Use**  **Check the option that best describes your status:** | | | | | | | | | | | |
| **I am involved with veterinary care, animal husbandry, or have other direct contact with animals used for research and/or teaching.** | | | | | | | | | | | |
| **I am not handling animals but will be working in areas of the animal facility where animals are housed.** | | | | | | | | | | | |
| **Other (please describe):** Click here to enter text. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Potential Animal/Tissue/Body Fluid Exposure (please check all that apply):** | | | | | | | | | | | |
|  | **Laboratory Rodents (Rats, Mice, Guinea Pigs, Hamsters, etc.)** | | | | | | | | | | |
|  | **Amphibians** | | | | | | | | | | |
|  | **Birds** | | | | | | | | | | |
|  | **Fish** | | | | | | | | | | |
|  | **Rabbits** | | | | | | | | | | |
|  | **Reptiles** | | | | | | | | | | |
|  | **Wildlife (specify):** Click here to enter text. | | | | | | | | | | |
|  | **Other (specify):** Click here to enter text. | | | | | | | | | | |
| **Immunizations/Screening History** | | | | | | | | | | | |
| **Tetanus Immunization/Booster (You must attach a copy of the record)** | | | | | | | | | | Click or tap to enter a date. | |
| **Prior Respirator Fit Testing (You may be requested to supply documentation)** | | | | | | | | | | Click or tap to enter a date. | |
| **Other Immunizations – Please list below (You may be requested to supply documentation)** | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap to enter a date. | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap to enter a date. | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap to enter a date. | |
| Click or tap here to enter text. | | | | | | | | | | Click or tap to enter a date. | |

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| **Medical Health Questionnaire: Part II** | | | | | | | |
| *If you have questions or need assistance with the following questions, please contact the UTA Occupational Health Nurse at* [*ohn@uta.edu*](mailto:ohn@uta.edu)*. The information is confidential under applicable state and federal laws and regulations.* | | | | | | | |
| 1. **Are you a current/former smoker?** Click here to enter text. | | | | **Current**  **Former**  **No** | | | |
| 1. **Check all that apply:**  **Vape**  **Cigarettes**  **Cigars** | | | | | | | |
| 1. **If so, for how many years?** | | | Click here to enter text. | | | | |
| 1. **How much?** Click here to enter text.  **per day** **or**  **per week (check one)** | | | | | | | |
| 1. **Do you have allergies (sneezing spells, runny or stuffy nose, watery or itchy eyes, coughing, wheezing, shortness of breath, or skin rash or hives) after exposure to animals or their cages/bedding?** | | | | | | | **Yes**   **No** |
| **If yes, how often?** Click here to enter text.  **To which animals?** Click here to enter text. | | | | | | | |
| 1. **Do you have a personal or family history of asthma, asthma-like symptoms, hay fever, or eczema?** | | | | | | **Yes**  **No** | |
| **If yes, describe symptoms:** Click here to enter text.  **List causes or triggers:** Click here to enter text. | | | | | | | |
| 1. **Will you be subjected to noise exposure exceeding 85 decibels on a regular basis (for example, communication within 2 feet would require shouting)?** | | | | | **Yes**  **No** | | |
| **If yes, please explain:** Click here to enter text. | | | | | | | |
| 1. **Will you be working with or have exposure to biohazards, chemical hazards, or radiation/radioactive material during the course of your work?** | | | | | **Yes**  **No** | | |
| **If yes, please describe:** Click here to enter text. | | | | | | | |
| 1. **Check all that apply:**   **Immunosuppressed  Post-splenectomy  Taking immunosuppressant drugs**  **If taking immunosuppressant drugs, list them here:** Click here to enter text. | | | | | | | |
| 1. **Do you have any disabilities/limitations which would affect your ability to perform work duties (bend, lift, carry, walk, read, talk)?** | | | | | **Yes**  **No** | | |
| **If yes, please explain:** Click here to enter text. | | | | | | | |
| 1. **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 Nurse (e.g., questions regarding immunity or medical conditions)? If you select “yes,” the Occupational Health Nurse will contact you for follow-up.** | | | | | **Yes**  **No** | | |
| **Please read the certification, then sign in agreement below:** | | | | | | | |
| I have answered the questions on this form truthfully and to the best of my knowledge, and I have reviewed the handout “Working Safely Around Laboratory Animals” attached to this form. I understand that, upon approval by the Occupational Health Nurse, I will be enrolled in the Occupational Health and Safety Program. I understand that other requirements may still apply before I can begin work with animals, such as training. | | | | | | | |
| **Signature:** | | | | | | | |
|  | | | | | | | |
| **For use by the Occupational Health Nurse** | | | | | | | |
|  | Documentation of tetanus immunization (and/or other required immunizations or fit testing) has been submitted. | | | | | | |
| Y | N/A | Additional OH&S requirements or recommendations have been communicated to the enrollee and to the Office of Regulatory Services (list here): Click here to enter text. | | | | | |
|  | The enrollee is cleared for eligibility to work with animals. | | | | | | |
| **Signature:** | | | | | | | |
| Occupational Health Nurse | | | | | | | |

**Working Safely Around Laboratory Animals**

The University of Texas at Arlington actively promotes the safe handling of animals used in research. This handout introduces some of the risks associated with the handling of (or exposure to) animals and describes the steps that should be taken to minimize them.

### **Risks of Animal Exposure**

The hazards associated with handling animals or their tissues can be divided into three categories:

1. Physical injuries include bites and scratches inflicted by rodents, rabbits, and other species. The key to preventing these types of injuries is proper training of research personnel by Animal Care Facility (ACF) staff or other qualified individuals.
2. Allergies are associated with respiratory or contact allergens such as animal dander or urine. All personnel should be aware that laboratory animals are sources of potential allergens. The best policy in most circumstances is to prevent exposure by wearing adequate personal protective equipment.
3. Zoonotic diseases are those that can be transmitted from animals to humans, and from humans to animals. Although zoonotic diseases are not common in modern animal facilities, their prevention and detection must be an important concern of all personnel who work with animals in the laboratory. Remember that zoonotic diseases can be transmitted by animal blood, urine, feces, and tissues as well as by live animals.

### **Zoonotic Diseases**

Humans are sometimes susceptible to infectious diseases carried by animals even when the animals themselves show few signs of illness. Micro-organisms in the normal flora of a healthy animal may cause serious illness in persons who have had no previous exposure to the organism and lack protective immunity. Persons who are immunosuppressed because of medication or underlying medical conditions may be at a higher risk of infection. Personnel should be aware of these possibilities and take precautions to minimize the risk of infections. If you do become ill with a fever or some other sign of infection, it is important to tell your physician that you work or around with animals.

### **Personal Hygiene and Protection**

There are simple steps that can be taken to lessen the risk of infection. These include not eating, drinking, or applying cosmetics or contact lenses around animals or animal care areas; wearing personal protective equipment when handling animals or their tissues; taking care not to rub your face with contaminated hands or gloves; and washing your hands after each animal contact. Research personnel can protect themselves by limiting their use of needles and syringes, taking enough time to give injections properly, anesthetizing animals prior to inoculation with infectious agents, and using a two-person team to inoculate animals. Do not recap used needles! Discard them promptly in the appropriate “sharps” container. For procedures such as necropsies, bedding changes, and tissue and fluid samplings, containment devices (i.e., biological safety cabinets, fume hoods, cage changing stations) full face respirators or other personal safety gear should be used as indicated. Pay attention to signage on doors and animal areas that may identify use of biological or chemical agents, or radioactive materials. The signage will indicate the name of the hazard, and explanation of the hazard, a brief summary of risks, the required PPE for all personnel, required engineering controls, and the responsibilities of research laboratory and ACF Staff. Consult your supervisor or the ACF Manager if you feel you need additional training at any time.

### **Exposure to Rodents or Rabbits**

Allergies are common among personnel who work with rodents (e.g., mice, rats, gerbils, guinea pigs, hamsters) and rabbits. If you already are sensitized to animal dander, or if you become sensitized, you should report this immediately to the Occupational Health Nurse (contact information is below) and your supervisor.

Contact with rodents and rabbits presents the potential for various diseases including bacteria and other pathogens as well as ringworm and skin mites. To protect against these agents, care should be taken to limit direct and aerosol exposure to soiled bedding containing feces and urine. Gloves and masks limit exposure to soiled bedding and help prevent transmission of diseases such as ringworm and skin mites. During transportation (approved by the IACUC), animals should be transported in micro-isolator caging with approved covers in the freight elevator (not the passenger elevator) to help limit exposure to non-animal workers.

**If you are Injured…**

Contact your supervisor immediately if you are bitten or scratched by an animal or if you cut or scratch yourself on animal caging. If you are experiencing unusual disease symptoms, contact the Occupational Health Nurse at [ohn@uta.edu](mailto:ohn@uta.edu).

**Compassion Fatigue**

Compassion fatigue and secondary traumatic stress (STS) disorder is a condition characterized by emotional and physical exhaustion leading to a diminished ability to empathize or feel compassion for others. It is often described as the negative cost of caring. Compassion fatigue may occur in a wide range of persons involved in providing aid to others including veterinarians, animal researchers, and animal care personnel. If you have any concerns in this area that you would like to speak with the Occupational Health Nurse about, please email [ohn@uta.edu](mailto:ohn@uta.edu).