



Medical History and Risk Assessment Questionnaire for Persons Handling or Working with Live Vertebrate Animals

Completion of this questionnaire is required for all persons working with live vertebrate animals at the University of Puget Sound. If you have any questions about completing this form, please call the Environmental Health and Safety Office (253-879-3933) or the Institutional Animal Care and Use Committee Chair (253-879-3117). **Please provide ALL information requested; questionnaires missing required information will be returned.** (Throughout this form, the term “animal” refers to live vertebrate animals.)

Please print the questionnaire, complete the questionnaire, and hand-deliver the completed and signed questionnaire to Counseling, Health, and Wellness Services, Wheelock Student Center 216. Completed questionnaires will be retained by Counseling, Health, and Wellness Services (253-879-1555).

1. GENERAL INFORMATION

a. Animal Handler

Last Name		First Name		Date of Birth (MM/DD/YYYY)	
Majority of animal handling is for: <input type="checkbox"/> Instructional/course work <input type="checkbox"/> Research <input type="checkbox"/> Instructional & Research (check one)					

b. Current Status (Check all that apply)

<input type="checkbox"/> Staff	<input type="checkbox"/> Faculty	<input type="checkbox"/> Student
<input type="checkbox"/> Other (please specify)		

c. Contact Information

Email Address		Phone Number	
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2. CONTACT WITH ANIMALS

a. Principal investigator/advisor

Name of Principal Investigator/Advisor		Principal Investigator's/ Advisor's Department	
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b. Animals with which you will have contact or exposure

List all the species of animals you will have contact with or exposure to at the University of Puget Sound. Use common names (e.g., mice, rats, zebrafish, plateau lizards, finches).	
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c. Animal handling risks and medical requirements (Check all categories that apply and PROVIDE the requested information.)

Animal Handler Name (Last Name, First Name):	
<p>Category 1</p> <p><input type="checkbox"/></p>	<p><i>Animals in this category may include:</i> fish, reptiles or amphibians.</p> <p><i>Associated risks:</i> potential for cuts, bites and scratches from the animal or trapping/housing apparatus, zoonotic diseases (e.g., <i>Salmonella</i> spp.)</p> <p><i>Medical requirements:</i> up-to-date tetanus immunization. (To be valid, tetanus immunization must have been received within 10 years.)</p> <p>Date of your last tetanus vaccine (MM/DD/YY): _____</p>
<p>Category 2</p> <p><input type="checkbox"/></p>	<p><i>Animals in this category may include:</i> laboratory animals (e.g., rats, mice, guinea pigs, hamsters, gerbils, other rodents, rabbits, birds), or domestic birds.</p> <p><i>Associated risks:</i> potential for risk of injury from bites and scratches, zoonotic diseases (e.g., <i>Salmonella</i> spp.); allergies.</p> <p><i>Medical requirements:</i> history and physical exam, allergy evaluation and education, up-to-date tetanus immunization. (To be valid, history and physical exam must have been conducted within 5 years, and tetanus immunization must have been received within 10 years.)</p> <p>Date of your last physical exam (MM/DD/YY): _____</p> <p>Name, phone number, and address of your healthcare provider: _____</p> <p>_____</p> <p>Date of your last tetanus vaccine (MM/DD/YY): _____</p>
<p>Category 3</p> <p><input type="checkbox"/></p>	<p><i>Animals in this category may include:</i> sheep, cattle, horses, goats, other farm animals; deer, wild rabbits, wild rodents, wild birds, and other wild animals; feral animals as well as unvaccinated dogs and cats.</p> <p><i>Associated risks:</i> significant potential for injury from bites and scratches, kicks and crushing, zoonotic diseases, (e.g., <i>Cryptosporidium</i> spp., <i>Histoplasma</i> spp., Influenza virus, Rabies virus, <i>Salmonella</i> spp., <i>Toxoplasma</i> spp.), and allergies.</p> <p><i>Medical requirements:</i> history and physical exam, up-to-date tetanus immunization. (To be valid, history and physical exam must have been conducted within 5 years, and tetanus immunization must have been received within 10 years.)</p> <p>Date of your last physical exam (MM/DD/YY): _____</p> <p>Name, phone number, and address of your healthcare provider: _____</p> <p>_____</p> <p>Date of your last tetanus vaccine (MM/DD/YY): _____</p> <p>Are you at risk for exposure to rabies*?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Yes If yes, date of completion of rabies series (MM/DD/YY): _____</p> <p>[*It is strongly recommended that all persons having contact with live bats or those animals' tissues in an unfixed state undergo the rabies vaccination process. While rabid raccoons, skunks, foxes or coyotes have not been identified in Washington state, bats may transmit the virus to these animals and these animals may carry the rabies virus in other parts of the US, Canada, and Mexico (Washington State Department of Health).]</p>

3. HANDLER MEDICAL HISTORY (If necessary, attach a separate sheet to explain items checked in this section, or if you wish to make a university representative aware of any concerns or problems in regard to your contact with animals.)

a. Do you experience any of the following when you work with/are exposed to animals? (Check all that apply)

<input type="checkbox"/> Watery, burning, itchy eyes	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Chest tightness
<input type="checkbox"/> Nasal dripping	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Rash
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Coughing	<input type="checkbox"/> Hives
Do any of these symptoms interfere with your ability to work with animals? YES <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> If yes, please explain:		

b. List any major or chronic health conditions that you have, including allergies, which may affect your ability to work with animals.

1.
2.
3.
4.
If necessary, continue this list on a separate sheet.

c. Are you under the care of a healthcare provider for any of the above symptoms (3a) or health conditions (3b)?

Yes No

If yes, please include the name, phone number, and address of your healthcare provider:

d. If your health status changes (e.g., illness, decreased immunocompetence, pregnancy) submit a revised questionnaire and consult with your medical provider regarding precautions to be taken for working with animals.

e. By signing this form, you understand that you are aware of the risks associated with working with animals and you are responsible for maintaining: the appropriate immunization status, the appropriate medical requirements, and the appropriate health maintenance for working with live vertebrate animals.

f. By signing this form, you authorize the sharing of your general information and immunization status with the Institutional Animal Care and Use Committee chairperson. The rest of the information provided in this questionnaire is considered part of your medical record and is therefore confidential.

Animal Handler Printed Name: _____

Signature of Person

Completing this

Questionnaire

Date

Thank you for completing this questionnaire.

Please hand-deliver the completed and signed questionnaire to Counseling, Health, and Wellness Services, Wheelock Student Center 216.

For Office Use Only:

Reviewed by _____

Date _____