

**TITLE: Health Assessment Questionnaire for Personnel Working with Research Animals and Other Hazards**

Personnel working with research animals are required to participate in a health assessment. The health assessment will become part of your occupational medical record. Personal health information (PHI) is strictly private and is maintained separate and apart from Human Resources or department personnel records. The HealthPoint Occupational Health Program (OHP) will only share required compliance information, not PHI.

Please complete and submit this health assessment. To prevent delays in the eProtocol System, submit all required documents to OHP no later than 72 business hours before your protocol deadline or expiration date.

- **Confidentially fax to 512-471-2666**
- Deliver in person to the OHP clinic located inside the Student Services Building (SSB), 3<sup>rd</sup> floor, Suite 3.202

**OHP office hours are Monday – Friday, 8a-12n and 1p-5p. Phone: 512-471-4OHP(4647)  
 Email: [Healthpoint.OHP@austin.utexas.edu](mailto:Healthpoint.OHP@austin.utexas.edu)**

Your health assessment will be reviewed by OHP staff, after which you may be contacted to discuss additional recommendations and/or notified of the need for required screenings based on your work environment, research protocol or species specific risk factors. You may receive educational materials related to your occupational health risks.

- A current TB screening test, which includes a 2-step screening at baseline, is required for work in areas housing non-human primates. Attach copies of these records, if applicable. OHP provides TB screening services at no cost to employees.\*
- Research work that requires access to area hospitals, such as St. David’s or Seton, requires proof of TB screening, vaccination or proof of immunity to many vaccine preventable diseases and may require pre-placement drug screening. Attach copies of vaccine records or proof of immunity if you anticipate placement in a hospital setting. OHP provides vaccine, TB and drug screening services at no cost to the employee.\*

<b>Name (Last, First):</b>			<b>Date of Birth:</b>		
<b>EID Number:</b>		<b>Sex:</b>		<b>Phone:</b>	
<b>Preferred Email Address:</b>			<b>Principal Investigator:</b>		
<b>Mailing Address:</b>			<b>Protocol Number(s):</b>		
<b>Primary Work Location:</b> <input type="checkbox"/> Main Austin Campus <input type="checkbox"/> BFL <input type="checkbox"/> DPRI <input type="checkbox"/> MSI <input type="checkbox"/> Pickle <input type="checkbox"/> Other: _____					

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*OHP FORM*

**RISK ASSESSMENT**

**Which animal species apply to your work? Check all that apply.**  Amphibians  Bats  Birds  Cats  Dogs  Fish  
 Insects  Pigs  Non-human primates (macaque)  Non-human primates (excluding macaque)  Rabbits  Reptiles  
 Rodents (excluding wild caught rodents)  Wild Caught Rodents  Humanized Animal Models  Other: \_\_\_\_\_

**What is your role working with animals?**  ARC staff  ARC Vet  Facilities staff assigned to the ARC  EHS staff  
 Faculty  Principal Investigator  Post-doc Fellow\*  Grad Student Employee/TA  Undergrad\*  Staff  IACUC Member  
 Other (volunteer, visiting scholar, etc.): \_\_\_\_\_

\*If you are not an employee of the university, contact OHP at 512-471-4OHP(4647) to discuss your situation. Recommended or required vaccines and screenings are referred to external providers and out-of-pocket expenses may apply.

**What biosafety level is the nature of your work?**  BSL1  BSL2  BSL3  BSL4 (If you do not know your BSL level, this information is generally found within your protocol or is available from your PI or lab supervisor.)

**Is your work related to:**

No	Yes	Biological Agents
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Infectious agents, e.g. recombinant viral vectors. <b>List:</b>
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Biological toxins, e.g. cholera, pertussis, shiga toxin, enterotoxins, conotoxin, tetrodotoxin, ricin. <b>List:</b>
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Human or non-human primate body fluids, tissues or primary cells. <b>List:</b>
No	Yes	Physical Hazards
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heavy machinery
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Noisy environment
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heavy lifting (lifting greater than 40 lbs without assistance from mechanical lift or co-worker)
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Exposure to animal excreta and bedding
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Needles/Scalpels/Sharps
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radiation-producing devices
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radioisotopes
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Lasers: If yes, are they class 3b or 4 lasers? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Radioactive material handling frequency (select one) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
No	Yes	Chemical Agents
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anesthetic gases
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Anti-neoplastic drugs

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<input type="checkbox"/> No	<input type="checkbox"/> Yes	Carcinogens
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heavy metals. If yes, check all that apply: <input type="checkbox"/> arsenic <input type="checkbox"/> beryllium <input type="checkbox"/> cadmium <input type="checkbox"/> mercury <input type="checkbox"/> other:
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Highly Toxic Chemicals
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Reproductive hazards such as mutagens/teratogens

**If the answer to any of the above questions was yes, provide a list of the chemicals below and indicate frequency of exposure.**

Frequency:  Daily  Weekly  Monthly

List of chemical agents:

Check all that apply	<b>Personal Protective Equipment (PPE) Used</b>
<input type="checkbox"/>	Gloves. <input type="checkbox"/> Latex <input type="checkbox"/> Vinyl <input type="checkbox"/> Nitrile <input type="checkbox"/> Chloroprene <input type="checkbox"/> other:
<input type="checkbox"/>	Lab coat. <input type="checkbox"/> Disposable <input type="checkbox"/> Re-usable
<input type="checkbox"/>	Eye protection. <input type="checkbox"/> Face shield <input type="checkbox"/> Goggles <input type="checkbox"/> Safety glasses
<input type="checkbox"/>	Surgical or dust mask
<input type="checkbox"/>	Respirator. <input type="checkbox"/> N95 <input type="checkbox"/> APR (air purifying respirator) <input type="checkbox"/> ASR (air supplying respirator) <input type="checkbox"/> PAPR (powered air purifying respirator)

**PERSONAL HEALTH HISTORY**

**Relevant Health Questions Using Guidance from the *Guide for the Care and Use of Laboratory Animals 8<sup>th</sup> edition*, the National Institutes of Health (NIH) publication, *Biosafety in Microbiological and Biomedical Laboratories (BMBL)* and the National Research Council's publication, *Occupational Health and Safety in the Care and Use of Research Animals (NRC 1997)*.**

Do you have diabetes?  Yes  No If yes to diabetes, do you require insulin?  Yes  No

If yes to diabetes, have you experienced uncontrolled diabetes, ketoacidosis, diabetic coma, or insulin shock within the previous two years?  Yes  No

Do you have epilepsy or a seizure disorder?  Yes  No If yes, is it well controlled?  Yes  No

Frequency of episodes: \_\_\_\_\_

Do you have asthma?  Yes  No If yes to asthma, is it well controlled?  Yes  No

Frequency of asthma attack episodes:  Daily  Weekly  Monthly  None

Have you received a tetanus booster vaccine within the last 10 years?  Yes  No  Unknown

If yes, booster date if known: \_\_\_\_\_

A tetanus booster is recommended for all adults every 10 years per the Centers for Disease Control's adult immunization schedule. Tdap or Td is offered by OHP to all personnel\* working with research animals at no cost. This is an optional but recommended vaccine.

Have you received/completed the Hepatitis B vaccine series?  Yes  No  Unknown

OHP is required to offer the Hepatitis B vaccine to all personnel working with human body fluids, tissues or cells. If you do not work with human blood or other potentially infectious materials (OPIM), you may skip this question.

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Have you received the Rabies vaccine series?  **Yes**  **No**  **Unknown** If yes, last known titer date: \_\_\_\_\_

OHP is required to offer the rabies vaccine to all personnel identified as working with high risk rabies species such as bats and wild mammals including raccoons, skunks, foxes, and coyotes. If you do not work with high risk rabies species, you may skip this question.

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Do you wear prescription glasses or contact lenses?  **Yes**  **No** Prescription glasses are not considered protective eyewear in the laboratory setting. If your work tasks require the use of protective eyewear, you should wear protective eyewear over your regular glasses or acquire prescription safety glasses. Contact lenses are permitted in labs but should always be worn in conjunction with safety glasses. Lab tasks that may involve splashing of liquids should consider face shields and/or safety goggles. Contact EHS to discuss PPE.

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Have you ever been evaluated for a lab animal or research related health problem?  **Yes**  **No** **Explain:**

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Individuals with immune suppressing conditions are at greater risk for infection in the event of an injury or laboratory exposure. Certain vaccines may not be appropriate. OHP can offer additional consultation to personnel with these conditions on their occupational health risks and discuss additional resources available in the work environment to minimize these risks.

Do you have an immune suppressing condition? This can occur due to an immunodeficiency disorder/disease, taking medications that suppress the immune system such as long term corticosteroid use or undergoing surgery such as an organ transplant or spleen removal.  
 **Yes**  **No** **Explain:**

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Do you have any medical work restrictions/limitations that need accommodation?  **Yes**  **No** **Explain:**

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OHP will work with you, your department and the Campus Americans with Disabilities Act (ADAAA) Coordinator to determine if reasonable accommodations are available. Your medical condition will remain private and only the nature of the work limitations will be discussed with your department, and only with your consent and involvement.

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Working with animals, chemicals or biological agents requires personnel to be mentally and physically fit for duty. Certain prescription drugs such as narcotic pain medications, tranquilizers, muscle relaxers, and mood stabilizers may impair an individual's ability to operate equipment and/or handle lab animals safely. In addition, illicit drugs or excessive use of alcohol may impair an individual's ability to work safely.

Do you attest that while working you are fit for duty?  **Yes**  **No**

Employees may contact the confidential Employee Assistance Program (EAP), a separate program from OHP, to discuss any concerns involving substance use, abuse and treatment options or other emotional or behavioral health issues that may impact work performance. EAP phone: 512-471-3366. <https://hr.utexas.edu/current/eap>

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Recurrent animal contact and work involving chemical or biological agents may be a high health risk exposure. Female personnel planning a pregnancy or who become pregnant while working with lab animals or in a laboratory setting are NOT required to notify the institution or OHP of this information. However, OHP is available to confidentially discuss any reproductive health concerns you have involving your work with lab animals and/or laboratory work.

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Does your work/research involve fieldwork?  **Yes**  **No**

Fieldwork activities may take you off campus so it's important to prepare for health and safety problems you might encounter in the field. Please discuss the emergency procedures you need to follow for fieldwork with your lab supervisor/PI. EHS offers a Safety Guidelines for Field Researchers information booklet at <https://ehs.utexas.edu/training/field-guide.php>

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Does your work/research involve international travel?  **Yes**  **No**

Depending on your destination, traveling abroad may involve required or recommended vaccines prior to departure. The university offers International SOS Travel Assistance to help identify needed travel vaccines, offer medical referrals to appropriate facilities world-wide and provide emergency medical evacuation services, if needed. Register for International SOS prior to traveling on university related work/research. <https://travel.utexas.edu/travelplanning/international-travel>

Would you like to speak with an Occupational Health Program nurse about this health assessment or any other workplace health issue or concern?  **Yes**  **No** There is no charge to employees for this service.

List any medical conditions you want recorded in your occupational health record	
Year	Condition

Major surgeries if not already mentioned above		
Year	Surgery	Reason

Allergies to Personal Pets or Lab Animals/Medications/Foods/Chemicals/Other	
A history of allergies is a risk factor in the development of laboratory animal allergy (LAA)	
Allergen	Reaction You Had

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**Acknowledgement Statement**

I certify that I have completed this health assessment to the best of my knowledge and understand that certain protocol or species specific requirements such as screenings or proof of immunity/vaccination may be required of me. In cases where screenings, vaccination and/or additional documentation are required, I understand that the OHP will notify me of those requirements using the preferred email or mailing address provided on this form. I understand that failure to comply with OHP requirements may delay the processing of my health assessment which may result in eProtocol System delays and/or limit my access to certain facility areas and/or labs.

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

*\*If you are under 18 years of age, contact OHP for further guidance before signing and submitting this questionnaire.*

<b>PRINCIPAL PURPOSE, GINA and PRIVACY STATEMENT</b>
<p>Information entered on this form is used to meet regulatory requirements set forth by the Office of Laboratory Animal Welfare (OLAW), standards set forth by the Institutional Animal Care and Use Committee (IACUC) and to evaluate the recommended and required occupational health services to be offered to personnel completing the health assessment.</p> <p>A health assessment is conducted post-offer, pre-placement (baseline) and at periodic intervals thereafter, with the interval between health assessments not to exceed three years. More frequent health assessments (annual) may be required if conditions warrant as determined by the risk assessment or upon the recommendation of the HealthPoint Occupational Health Program’s consulting physician.</p> <p>The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when completing this form. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.</p> <p>To view a copy of the HealthPoint Occupational Health Program’s Notice of Privacy Practices, visit <a href="https://hr.utexas.edu/sites/hr.utexas.edu/files/HealthPoint_Confidentiality_Notice.pdf">https://hr.utexas.edu/sites/hr.utexas.edu/files/HealthPoint_Confidentiality_Notice.pdf</a></p>

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