

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

This UPDATE health assessment is for personnel who already completed their initial health assessment in prior years. **If this is your first time to complete a health assessment-STOP HERE.** This is not the correct form. Please visit our HealthPoint Occupational Health Program (OHP) website to download the *initial* Health Assessment Questionnaire at <https://hr.utexas.edu/current/services/occupational-health-program>

An UPDATE assessment is due annually for high risk species or every 3 years for low risk species. It 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. HealthPoint OHP will only share required compliance information, not PHI.

Your UPDATE 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.

<b>Name (Last, First):</b>		<b>EID Number:</b>
<b>Preferred Email Address:</b>		<b>Principal Investigator:</b>
<b>Preferred Phone Number:</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: _____		

**RISK ASSESSMENT**

**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.

Please list the animal species involved in your work/research. **List here:**

Are any of these new animal species since your last update?    **Yes**    **No**

Has your exposure risk to biological or chemical agents, physical hazards or radiation changed since your last update?  
 **Yes**    **No**   **If YES, list the new hazards:**

Frequency of exposure:    **Daily**    **Weekly**    **Monthly**

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

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<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)*.**

Has there been a significant change in your health status since your last update with OHP? Examples may include but are not limited to: major surgery, new diagnosis of asthma, diabetes, cancer, heart condition, seizure disorder, need to wear prescription eyewear, immune suppressing condition, e.g. long term corticosteroid use, organ transplant, immunodeficiency disorder/disease, etc.  
 **Yes**  **No** **If YES, explain:**

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.

Have you been evaluated for a lab animal or research related health problem since your last update?  **Yes**  **No** **If YES, explain:**

Have you been diagnosed with or developed any symptoms consistent with allergies since your last update?  **Yes**  **No**

**If YES, do you know the source of the allergy?**  Medication allergy  Seasonal allergy (hay fever, cedar, mold, etc.)  
 Pet allergy  Lab animal allergy (LAA)  Latex glove allergy  Unknown source

For more information about LAA prevention, visit the *Lab Animal Allergy Prevention and Information Guide* on the OHP website at <https://hr.utexas.edu/current/services/occupational-health-program>

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

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, and only with your consent and involvement.

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. <http://www.utexas.edu/hr/eap/>

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<p>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.</p>
<p>If your work/research involves fieldwork or international travel, plan for medical emergencies before you go.</p> <ul style="list-style-type: none"> <li>EHS Safety Guidelines for Field Researchers: <a href="https://ehs.utexas.edu/training/field-guide.php">https://ehs.utexas.edu/training/field-guide.php</a></li> <li>Restricted Regions and International SOS Travel Assistance: <a href="https://travel.utexas.edu/travelplanning/international-travel">https://travel.utexas.edu/travelplanning/international-travel</a></li> </ul>
<p>Would you like to speak with an Occupational Health Program nurse about this health assessment or any other workplace health issue or concern? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> There is no charge to employees for this service.</p>

**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.*

**PRINCIPAL PURPOSE, GINA and PRIVACY STATEMENT**

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.

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.

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.

To view a copy of the HealthPoint Occupational Health Program’s Notice of Privacy Practices, visit [http://www.utexas.edu/hr/forms/HealthPoint\\_Confidentiality\\_Notice.pdf](http://www.utexas.edu/hr/forms/HealthPoint_Confidentiality_Notice.pdf)

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)**