**UNIVERSITY OF OKLAHOMA**

**ANIMAL HANDLER’S HEALTH QUESTIONNAIRE.**

This questionnaire is for risk assessment relating only to exposure to laboratory animals that occurs as part of activities on or sponsored by the University of Oklahoma Norman Campus. The form is to be completed by faculty, students, and staff who will be working with animals as part of their employment at OU. All information on this form is treated as confidential. The form may be sent to the Norman Regional Clinics Occupational Medicine division to be reviewed by qualified personnel, or you may ask your personal physician to review the form as part of an in-person consultation. Norman Regional Hospital may contact you directly if there are any questions or if an in-person consultation is required. If the evaluation is satisfactory, the reviewer will inform the IACUC office that you are cleared to perform the work listed on the form and the IACUC office will, in turn, notify you.

An electronic version of this form can be downloaded from the OU Institutional Animal Care and Use (IACUC) Program website: http://compliance.ouhsc.edu/iacuc/Norman/Forms.aspx. After you download the form, you should immediately save it to your computer/server using the “Save As” function and a different file name. This will permit the information that you enter to be preserved. To have Norman Regional Hospital review your form, You may email your form to **NRHSOccMedClinic@nrh-ok.com**,fax it to (**405) 360-9860** or mail it to **OU IACUC Screening, Norman Regional Clinics, 724 24th Avenue NW, Suite 200, Norman, OK 73069.** If Norman Regional Hospital is processing your form you must fill out the billing information to initially direct fees to your department.

Type the requested information in the shaded areas. The shaded boxes will expand as necessary to contain the information you are providing.

**SECTION A**

1. Date Form Filled Out (mm/dd/year):

|  |
| --- |
|  |

2. Full Name of Applicant:

|  |
| --- |
|  |

3. Date of Birth:

|  |
| --- |
|  |

4. Employee ID or OU ID Number:

|  |
| --- |
|  |

5. Campus Mail Address:

|  |
| --- |
|  |

6. Telephone Number and OU Email Address:

|  |  |
| --- | --- |
|  |  |

7. Name of Principal Investigator/Supervisor (if different from above):

|  |
| --- |
|  |

8. Principal Investigator/Supervisor Campus Telephone Number and Email (if different from above):

|  |  |
| --- | --- |
|  |  |

9. University Department:

|  |
| --- |
|  |

10. Contact for Billing (name of a department administrator who can direct payment for health screenings)

|  |
| --- |
|  |

11. Billing Contact Address

|  |
| --- |
|  |

12. Billing Contact Telephone Number and OU Email Address:

|  |  |
| --- | --- |
|  |  |

**SECTION B**

1. Employee Status (Put X in all boxes that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Faculty/Staff |  |  | Veterinarian |  |
| Graduate Student |  |  | Animal Technician/Handler |  |
| Undergraduate/Grad. |  |  | Classroom Instructor |  |
| Post-doctoral Researcher |  |  | Visiting Researcher |  |
| Research Specialist/Associate |  |  | Other |  |

2. Animal Species to be Used and Estimated Hours per Week for Each Species (Put X is all boxes that apply). If your species is not listed, please check “other” and briefly list your species or taxonomic group:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species | Y/N | Hrs/Wk |  | Species | Y/N | Hrs/Wk |
| Baboons |  |  |  | Chinchillas |  |  |
| Sheep |  |  |  | Guinea Pigs |  |  |
| Goats |  |  |  | Rats |  |  |
| Dogs |  |  |  | Mice |  |  |
| Cats |  |  |  | Other (list): |  |  |

3. Have you had a tetanus booster in the past 10 years?:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, approximate date (mm/year):

|  |
| --- |
|  |

4. If you are working with non-human primates, have you had a TB skin test within the past 6 months?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |  | N/A |  |

5. If you are working with ruminants, do you have any history of heart valve disease?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |  | N/A |  |

6. Are you a female of childbearing age?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

7. Will you be working with animals known to be infected or that will intentionally be administered an infectious agent(s) or hazardous agent(s)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, please identify the infectious agent(s) and/or hazardous substance(s) in the box below:

|  |
| --- |
|  |

8. Will you be working with volatile gases (e.g., nitrous oxide, isoflurane)?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, please identify the gas(es) in the box below:

|  |
| --- |
|  |

9. Have you experienced asthma-like symptoms, shortness of breath, coughing, or wheezing while working with animals? **If yes, please complete Section D of this form.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

10. Will you be working with human body fluids, tissues, or cell lines?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, please list the body fluids, tissues, or cell lines in the box below:

|  |
| --- |
|  |

 If yes, have you been immunized against hepatitis B?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

11. Please list in the box below all the current medications you are routinely taking, including over-the-counter medications.

|  |
| --- |
|  |

12. As part of your animal handling duties, will you be required to wear an N95 respirator?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

**If yes, please contact the OU Environmental Health and Safety Office to consult about required training and fitting**.

**SECTION C**

Please list in the box below any condition(s) that you feel would aid in the assessment of this form. Certain medical conditions increase your risk of potential health problems when working with animals. These can include animal-related allergies, chronic back injury, pregnancy, and immunosuppression. If any of these conditions apply, inform your personal physician/health care professional of the nature of your work.

|  |
| --- |
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**SECTION D**

**To be completed only if the answer to Question 9 in Section B was answered Yes.**

1. Are you allergic or possibly allergic to the animals you currently work with?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, list the animals that cause your allergy symptoms in the box below.

|  |
| --- |
|  |

 If Yes, have you been seen by a physician for this condition?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

2. Do you have any other known allergies?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, list the cause(s) of these allergies in the box below.

|  |
| --- |
|  |

3. List the symptoms that occur when you are suffering from your allergies in the box below.

|  |
| --- |
|  |

4. Describe any treatment that you receive to relieve your allergies in the box below.

|  |
| --- |
|  |

5. Do you have asthma related to the animals you currently work with?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, list the causes in the box below. If you do not know, enter “unknown”.

|  |
| --- |
|  |

 If yes have you been seen by a physician for this?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

6. 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 these skin problems in the box below.

|  |
| --- |
|  |

7. Have you developed any symptoms or illnesses as a result of your exposure to animals?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, describe these symptoms or illnesses in the box below.

|  |
| --- |
|  |

8. Do you have any problems with your immune system?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  | No |  |  | Don’t Know |  |

 If yes, describe these immune system problems in the box below.

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| --- |
|  |

**FOR HEALTH PROFESSIONAL ONLY**

Please use the information in this form to evaluate whether the applicant should be approved to work with the animal species listed in Section B, Question 2. If additional information is required or if an in-person consultation is necessary to make your determination, please contact the applicant directly using the contact information on Page 1.

If you determine that the applicant is cleared to work on the listed species, please do one of the following:

1. Fill out the rest of this page, sign it, and scan/email it to iacuc@ou.edu or fax it to (405) 325-7702.
2. Send an email to iacuc@ou.edu stating that the applicant is cleared to work with animals and listing the species or taxonomic groups for which they are approved. Please also include the applicant’s name, ID number, the date of your evaluation, your name, and your institution in the email.

Applicant Name

|  |
| --- |
|  |

Applicant Employee ID or OU ID

|  |
| --- |
|  |

This individual is approved to work with the animal species indicated below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species | Approved |  | Species | Approved |
| Baboons |  |  | Chinchillas |  |
| Sheep |  |  | Guinea Pigs |  |
| Goats |  |  | Rats |  |
| Dogs |  |  | Mice |  |
| Cats |  |  | Other (list): |  |

Evaluation Notes (do not include confidential information).

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Health Reviewer Institution

|  |
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Health Reviewer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BILLING:**

Billing should be directed to the department with which the applicant is affiliated. Please see Section A, Questions 9 -12 for contact information that pertains to billing.