

Texas Tech University Health Sciences Center El Paso
RISK ASSESSMENT HEALTH QUESTIONNAIRE FOR ANIMAL CONTACT
Medical History for Research Animal Workers

Confidentiality Statement:

The information contained in Employee Health Records/Files is confidential under applicable State and Federal laws and regulations.

Name:	Position:	Date of Birth:	Sex: Male Female
R#:	Title:	Work Phone:	
Department:	Mail Stop:	Email:	
Supervisor/PI:	Supervisor's Phone:	Supervisor's Mail Stop:	

Describe your position as it involves your potential exposure to animals:

Animal/Tissue use Check all boxes that apply if statement is applicable to your status:

- ☐ I am not handling animals but will be working in areas of the animal facility where animals are housed.
☐ I am involved with veterinary care, animal husbandry or have otherwise direct contact with research animals.
☐ I am no longer active on an approved animal use protocol and will not be working in the animal facility.

Animal/Tissue/Body Fluid Exposure

Check all that apply:

<input type="checkbox"/>	Mice/Rats
<input type="checkbox"/>	Guinea pigs
<input type="checkbox"/>	Rabbits
<input type="checkbox"/>	Cats
<input type="checkbox"/>	Dogs
<input type="checkbox"/>	Sheep/Goats
<input type="checkbox"/>	Non-human primates
<input type="checkbox"/>	Unvaccinated carnivores
<input type="checkbox"/>	Birds housed outdoors or from the wild
<input type="checkbox"/>	Other:

Immunization/Screening History Date

Tetanus booster (every 10 years or 5 years if exposed)		Immunizations are available from the Employee Health Dept. at no cost to employees. Call to make an appointment: <hr/> El Paso (915) 215-4429
Rabies immunization (In contact with unvaccinated carnivores)		
MMR immunization/history		
Varicella Immunization/History		
Tuberculosis screening (Bi-annually in contact with non-human primates) or BSL3 access		
Serum for banking (If indicated or at the discretion of LARC Director)		

Initial and Annual Follow-up Questionnaire

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Does the employee's work involve human or animal Pathogens, and if so, which pathogens? _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the employee's work involve contact with non-human primates, and if so, has the employee ever been diagnosed with TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has Bacille Calmette Guerin (BCG) vaccination been given, and if so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there any history of positive tuberculosis test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the employee received immunosuppressive therapy that could increase the risk of zoonotic disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there any history of asthma, hay fever, allergic skin problems, eczema, sinusitis, chronic respiratory infections, or disease? NOTE: A history of the same among blood relatives would be important to Establish. _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do any allergic symptoms occur during, or after, contact with a laboratory animal species (sneezing spells, runny or stuffy nose, watery or "itchy" eyes, coughing, wheezing, or shortness of breath, shin rashes or hives, difficulty swallowing), and if so, which species is involved, and how frequently does each symptom occur (monthly, weekly, daily)? _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note the immunization and testing history to include the date, side effect(s), or other relevant information for each of the following: tetanus, rabies (initial and booster, immune globulin), hepatitis B, tuberculin (including chest radiograph for known reactors), and other immunizations or tests as would be appropriate for the employee's work.

Additional Personal Health Concerns

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 Employee Health Office (e.g., questions regarding immunity or medical conditions?)

Yes **No**

I have answered the questions on this form truthfully and to the best of my recollection.

Signature

Date